

# **Exhibit C**



# Schwab One International®

## Advisor Services Organization Account Application

Process By  
Schwab Int'l  
Account  
Solutions Only

Page 1 of 26

**Investment Advisor ("IA") Information (This portion to be completed by IA.)**
IA Firm Name (Please print.): South Street Advisors LLCIA Master Account Number:           - 9 0 5 3Service Team: NY Metro ASG 3Advisor Contact Information (if follow-up is required): Steve at           9019Is your firm (or a principal, employee, or related person\* of your firm) an owner and/or Authorized Agent of this account? ☐ Yes ☒ NoIf "Yes," is it intended that this account will hold assets belonging to persons or entities other than your firm, your firm's employees, or yourself, or relatives of you or your firm's employees? ☐ Yes ☐ NoIf you answered "Yes" to both questions above, please answer the following: Is this an advisor-controlled fund? ☐ Yes ☐ No

(If "Yes," complete the following questions.)

Is the IA or any of its Directors, Officers, Employees, Affiliates, or Subsidiaries involved in the ongoing management or business operations of the Organization? ☐ Yes ☒ NoWas the IA or any of its Directors, Officers, Employees, Affiliates, or Subsidiaries involved with the establishment of the Organization? ☐ Yes ☒ NoDoes the IA or any Director, Officer, Employee, Affiliate, or Subsidiary directly or indirectly receive compensation or other payments or benefits from the Organization? ☐ Yes ☒ No

\*A "related person" is defined as any advisory affiliate or any person who is under common control with your firm. See Form ADV for additional information.

**Please provide all supporting and required entity account documents in English.**

Complete all sections below. We respect your privacy. Schwab will use the information you provide to open and service your accounts, communicate with you and provide information about products and services. It is important that you review Schwab's privacy policy at [international.schwab.com](http://international.schwab.com). By submitting this account application, you are consenting for yourself and other persons on the application to the policy and protections provided under U.S. law. As required by U.S. federal law, Schwab will use the information provided on this application to verify the identity of the Organization.

**1. Required Number of Schwab One® Brokerage Accounts for the Organization**

We hereby request that Schwab open and maintain 1 Schwab One brokerage accounts for the organization listed in Section 2.  
enter # of accounts (e.g., 1, 2, 3)

**IMPORTANT INFORMATION, PLEASE READ:** It is required that Transfer of Accounts, deposits, or other account-specific ancillary documentation, such as money movement forms, be submitted to Schwab **after** each multiple account number has been assigned. Failure to do so may impact the appropriate assignment to the proper account.

To add option, margin, and short account trading, complete and submit the Add Options Trading and Margin to Your Account form for each account. We acknowledge that each account will be opened with the identical account registration, account information, cash features, electronic delivery and issuer communication instructions, and Authorized Individual and Investment Advisor authorizations as set forth in this application. Any and all account features or different treatment with respect to Authorized Individual, Investment Advisor, electronic delivery, or issuer communication choices and preferences should be submitted on a separate application.

For Charles Schwab Use Only \_\_\_\_\_  
Account Number



**2. Required Information About the Organization**

Name of Organization <b>3K Investments &amp; Holding SA</b>		U.S. Tax ID Number (If applicable)	
If Organization is known by another name, enter name.		Business Telephone Number (Country Code) (City/Area Code) (Number)	
Legal (Physical) Address (no P.O. boxes) [REDACTED]			
City/County <b>Panama City</b>	State/Province	Country <b>PANAMA</b>	Postal or Zip Code
Organization Mailing Address <b>Same</b>			
City/County	State/Province	Country	Postal or Zip Code
Jurisdiction of Establishment <b>Panama</b>	Organization Registration Number [REDACTED] <b>6256</b>	<input type="checkbox"/> Check if the jurisdiction does not have an Organization registration number.	

**3. Company's Scope of Business:** (Select one.)☐ **Commercial/operating business**

Line of business: \_\_\_\_\_

☐ **Financial institution** (Please specify.)☐ Bank ☐ Securities firm ☐ Insurance company ☐ Mutual fund/hedge fund ☐ Money exchange house☐ Other financial institution

Line of business: \_\_\_\_\_

☐ Check here if the Organization is either a U.S. registered broker-dealer or a non-U.S. financial institution **and** if the assets in the Account are not customer assets.☒ **Personal investment company**☐ **Other**

Indicate type: \_\_\_\_\_

**Shares in the Organization Are:** (Select one.)☒ Registered on the books of the organization ☐ In bearer-share form**4. How did you hear about Charles Schwab?** (Check one.)☐ General reputation/news coverage☒ Referred by another individual☐ Traditional media advertising (such as a U.S. financial magazine)☐ Schwab Website☐ Schwab web advertisement**5. Required Information About the Account****A. Source of Funds in Account** (Check all that apply.)

Please provide the source of assets that will be deposited or held in the account. If the source is a transfer from another firm, please indicate the source of funds that were used to purchase the assets.

☒ Salary, wages, savings ☐ Working capital ☐ Investment capital gains☐ Organization income ☒ Family, relatives, inheritance ☐ Sale of property ☐ Other (Please specify.): \_\_\_\_\_**B. Purpose of Account** (Check all that apply.)☐ Business operating revenue and expense processing☐ Investing of retirement funds☐ Investing of college funds☒ Investing for estate planning purposes☐ Business payroll processing☐ Business funding☐ Investing of pooled assets☐ Investing of business revenue☐ Business cash management and treasury☒ General investing☐ Investing for tax benefits☐ Other (Please specify.): \_\_\_\_\_

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**6. Information About Authorized Individuals, Control Persons and ≥10% Beneficial Owners**

Please complete this section for the following:

- Each Authorized Individual
- At least one Control Person of the Organization
- All ≥10% Beneficial Owners

☐ Check here if no single individual or Legal Entity/Trust owns ≥10% of this Organization. You agree to notify Schwab if or when someone owns ≥10% of the Organization in the future. If checked, complete the following for Authorized Individuals and at least one Control Person (e.g., principals, directors, officers, and managing members).

Authorized Individuals	<ul style="list-style-type: none"> <li>• Any individual or representative of an owner, partner, member, officer, employee, or agent of the Organization that is authorized by the Organization to: <ul style="list-style-type: none"> <li>• Buy and sell securities;</li> <li>• Withdraw and transfer cash and securities;</li> <li>• Sign contracts, waivers, and releases; and</li> <li>• Otherwise conduct business with Schwab on behalf of the Organization.</li> </ul> </li> <li>• Complete Individual 1 below for the Primary Authorized Individual who will receive all email correspondence from Schwab.</li> <li>• Schwab will have no obligation of inquiry with respect to the validity of, or authority with respect to, any transaction or instruction provided by an Authorized Individual.</li> </ul>
Control Persons	<ul style="list-style-type: none"> <li>• An individual with significant responsibility for managing the Organization (e.g., a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).</li> <li>• Please complete Section 6b for a Legal Entity or Trust that is a Control Person of the Organization.</li> <li>• At least one Control Person is required.</li> </ul>
≥10% Beneficial Owners	<ul style="list-style-type: none"> <li>• Each individual, if any, who owns, directly or indirectly, ≥10% of the equity interests of the Organization (e.g., each natural person that owns ≥10% of the shares of an organization).</li> <li>• In the instance where a Trust is an equity owner of the Organization, the Trustees are considered Beneficial Owners per industry regulations. Please complete Section 6c with Trust and Trustee information.</li> <li>• Please note that the Beneficial Ownership information provided in this application will be applied to all other similarly registered Organization accounts maintained at Schwab.</li> </ul>

**6a. Information About Individuals Who Are Authorized Individuals, Control Persons and/or ≥10% Beneficial Owners**

If there are more than four individuals who are Authorized Individuals, Control Persons and/or ≥10% Beneficial Owners, please make, complete, and attach additional copies of this section.

**Individual 1**

Role of Individual on Account (Select all that apply.)			
<input checked="" type="checkbox"/> Primary Authorized Individual <input type="checkbox"/> Control Person <input checked="" type="checkbox"/> ≥10% Beneficial Owner			
<input type="checkbox"/> President <input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input checked="" type="checkbox"/> Other: <u>Owner</u>			
First Name/Given Name		Middle	Last Name(s)/Surname(s)
Martin		D	Lifschitz
Home Street Address (no P.O. boxes)			
[REDACTED]			
City	State or Province	Country	Postal or Zip Code
[REDACTED]		ARGENTINA	[REDACTED]
Mailing Address (if different from above; P.O. boxes may be used)			
[REDACTED]			
City	State or Province	Country	Postal or Zip Code
[REDACTED]			
Preferred Telephone Number (Country Code) (City/Area Code) (Number)		Alternate Telephone Number (Country Code) (City/Area Code) (Number)	
<input type="checkbox"/> Home <input type="checkbox"/> Business <input checked="" type="checkbox"/> Mobile [REDACTED] 4114		<input type="checkbox"/> Home <input checked="" type="checkbox"/> Business <input type="checkbox"/> Mobile [REDACTED] 9994	
U.S. Social Security/Tax ID No. (if applicable)	Date of Birth (mm/dd/yyyy)	Country of Birth	
[REDACTED]	[REDACTED]	[REDACTED]	

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**6a. Information About Individuals Who Are Authorized Individuals, Control Persons and/or ≥10% Beneficial Owners** (Continued)**Individual 1** (Continued)

Country(ies) of Citizenship (Must list all.) <input type="radio"/> USA <input checked="" type="radio"/> Other: <u>Argentina</u> <input type="radio"/> Other: _____		Country of Legal (Physical) Residence <input type="radio"/> USA <input checked="" type="radio"/> Other: <u>Argentina</u>	
Passport Number [REDACTED]	Place of Issuance <u>Argentina</u>		Expiration Date (mm/dd/yyyy) [REDACTED]
Employment Status (Please check only one.) <input type="radio"/> Employed <input checked="" type="radio"/> Self-Employed <input type="radio"/> Retired <input type="radio"/> Homemaker <input type="radio"/> Student <input type="radio"/> Not Employed			
Occupation (If you selected "Employed" or "Self-Employed," please select one option that best describes your occupation.) <input checked="" type="radio"/> Business Owner/Self-Employed <input type="radio"/> Financial Services/Banking Professional <input type="radio"/> Military <input type="radio"/> Consultant <input type="radio"/> Executive/Senior Management <input type="radio"/> Information Technology Professional <input type="radio"/> Educator <input type="radio"/> Other (Specify): _____ <input type="radio"/> Medical Professional <input type="radio"/> Other Professional <input type="radio"/> Clerical/Administrative Services <input type="radio"/> Legal Professional <input type="radio"/> U.S. Government Employee (Federal/State/Local) <input type="radio"/> Trade/Service (Labor/Manufacturing/Production) <input type="radio"/> Accounting Professional <input type="radio"/> Foreign Government Employee (Non-U.S.) <input type="radio"/> Sales/Marketing			
Employer Name/Business Name <u>Light Bros SRL</u>			
Business Street Address [REDACTED]			
City <u>Buenos Aires</u>	State or Province	Country <u>Argentina</u>	Postal or Zip Code
Email Address (required to access your account through the web) [REDACTED]			
Mother's Maiden Name [REDACTED]		Are you known by another name? Specify:	
For Beneficial Owners Only: What is your percentage of ownership? <u>50</u> % What is your source of wealth? (Check all that apply.) <input checked="" type="radio"/> Salary, wages, savings <input type="radio"/> Family, relatives, inheritance <input type="radio"/> Litigation award <input type="radio"/> Gambling <input type="radio"/> Social Security benefits <input type="radio"/> Investment capital gains <input type="radio"/> Invention/patent <input type="radio"/> Lottery <input type="radio"/> Sale of property or business <input type="radio"/> Gifts			

**The Next Two Questions Are Required by Industry Regulations:**

Are you affiliated with or employed by a U.S. stock exchange or member firm of a U.S. exchange or FINRA, or a municipal securities broker-dealer? <input checked="" type="radio"/> No <input type="radio"/> Yes (If "yes," you must attach a letter from your employer or affiliated broker-dealer approving the establishment of your account when submitting this application.)	
List the company name _____.)	
Are you a director, 10% shareholder or policy-making officer of a publicly held U.S. company? <input checked="" type="radio"/> No <input type="radio"/> Yes (If "yes," enter company name _____ and trading symbol _____.)	

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**6a. Information About Individuals Who Are Authorized Individuals, Control Persons and/or ≥10% Beneficial Owners** (Continued)**Individual 1** (Continued)**Trusted Contact Designation for Authorized Individuals Only**

Note: This part is applicable for Authorized Individuals, not for Control Persons or Beneficial Owners of any organization.

A Trusted Contact Person ("Trusted Contact")\* is a resource Schwab, and your advisor (if you have one), may contact on your behalf, if necessary, to attempt to address concerns regarding potential financial exploitation, or in communicating with you regarding issues related to your account(s). A Trusted Contact will not be able to view your account information, execute transactions in your account(s), or inquire about account activity, unless that person has that authority through another role on the account(s), such as a trustee or power of attorney. Providing Schwab with Trusted Contact information is voluntary.

- Schwab suggests that your Trusted Contact(s) be someone other than your financial consultant or investment advisor.
- You may name up to two Trusted Contacts.
- The person(s) you name as Trusted Contact(s) will be the Trusted Contact(s) on all of your Schwab accounts, as provided for in your account agreement.
- For multiple-party accounts, each party can name separate Trusted Contacts.
- The Trusted Contact(s) must be at least 18 years old.

**Trusted Contact Information**

Trusted Contact information provided on this form will replace all Trusted Contact information currently on file.

**Person 1**

If you have no changes to your existing Trusted Contact, please skip this section.

Name (Title, First)	(Middle Name)	(Last Name, Suffix)
Relationship (Please select only one.)		
<input type="radio"/> Spouse <input type="radio"/> Partner <input type="radio"/> Child <input type="radio"/> Parent <input type="radio"/> Sibling <input type="radio"/> Friend <input type="radio"/> Other		

Please provide at least one method of contact for each Trusted Contact listed.

Mailing Address (No P.O. Boxes)		City
State or Province	Country	Postal or Zip Code
Home Phone	Mobile Phone	Email Address

**Person 2**

If you have no changes to your existing Trusted Contact, please skip this section.

Name (Title, First)	(Middle Name)	(Last Name, Suffix)
Relationship (Please select only one.)		
<input type="radio"/> Spouse <input type="radio"/> Partner <input type="radio"/> Child <input type="radio"/> Parent <input type="radio"/> Sibling <input type="radio"/> Friend <input type="radio"/> Other		

Please provide at least one method of contact for each Trusted Contact listed.

Mailing Address (No P.O. Boxes)		City
State or Province	Country	Postal or Zip Code
Home Phone	Mobile Phone	Email Address

\*If you provide a Trusted Contact Person(s) to Schwab, you understand that you have authorized Schwab and your advisor (if you have one) to contact the Trusted Contact Person(s) at their discretion and to disclose information about your account to address possible activities that might indicate financial exploitation of you; to confirm the specifics of your current contact information, health status (including physical or mental capacity), or the identity of any legal guardian, executor, trustee, or holder of a power of attorney on your account(s); or as otherwise permitted by FINRA rules or state law. For more information, please see your Schwab Account Agreement, which is available at [schwab.com/accountagreement](http://schwab.com/accountagreement).



**Ga. Information About Individuals Who Are Authorized Individuals, Control Persons and/or ≥10% Beneficial Owners (Continued)****Individual 2**

Role of Individual on Account (Select all that apply.)			
<input checked="" type="checkbox"/> Authorized Individual <input type="checkbox"/> Control Person <input checked="" type="checkbox"/> ≥10% Beneficial Owner			
<input type="checkbox"/> President <input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Treasurer <input checked="" type="checkbox"/> Other: <u>Owner</u>			
First Name/Given Name		Middle	Last Name(s)/Surname(s)
Dolores			Carril
Home Street Address (no P.O. boxes)			
[REDACTED]			
City	State or Province	Country	Postal or Zip Code
[REDACTED]		ARGENTINA	[REDACTED]
Mailing Address (if different from above; P.O. boxes may be used)			
[REDACTED]			
Preferred Telephone Number (Country Code) (City/Area Code) (Number)		Alternate Telephone Number (Country Code) (City/Area Code) (Number)	
<input type="checkbox"/> Home <input type="checkbox"/> Business <input checked="" type="checkbox"/> Mobile [REDACTED] 9888		<input checked="" type="checkbox"/> Home <input type="checkbox"/> Business <input type="checkbox"/> Mobile [REDACTED] 9888	
U.S. Social Security/Tax ID No. (If applicable)	Date of Birth (mm/dd/yyyy)	Country of Birth	
	[REDACTED]	Argentina	
Country(ies) of Citizenship (Must list all.)		Country of Legal (Physical) Residence	
<input type="checkbox"/> USA <input checked="" type="checkbox"/> Other: <u>Argentina</u> <input type="checkbox"/> Other: _____		<input type="checkbox"/> USA <input checked="" type="checkbox"/> Other: <u>Argentina</u>	
Passport Number	Place of Issuance	Expiration Date (mm/dd/yyyy)	
[REDACTED]	Argentina	[REDACTED]	
Employment Status (Please check only one.)			
<input type="checkbox"/> Employed <input checked="" type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Not Employed			
Occupation (If you selected "Employed" or "Self-Employed," please select one option that best describes your occupation.)			
<input type="checkbox"/> Business Owner/Self-Employed <input type="checkbox"/> Financial Services/Banking Professional <input type="checkbox"/> Military <input type="checkbox"/> Consultant <input type="checkbox"/> Executive/Senior Management <input type="checkbox"/> Information Technology Professional <input type="checkbox"/> Educator <input checked="" type="checkbox"/> Other (Specify): <u>Architect</u> <input type="checkbox"/> Medical Professional <input type="checkbox"/> Other Professional <input type="checkbox"/> Clerical/Administrative Services <input type="checkbox"/> Legal Professional <input type="checkbox"/> U.S. Government Employee (Federal/State/Local) <input type="checkbox"/> Trade/Service (Labor/Manufacturing/Production) <input type="checkbox"/> Accounting Professional <input type="checkbox"/> Foreign Government Employee (Non-U.S.) <input type="checkbox"/> Sales/Marketing			
Employer Name/Business Name			
Business Street Address			
[REDACTED]			
City	State or Province	Country	Postal or Zip Code
Buenos Aires		Argentina	CP1428
Mother's Maiden Name	Are you known by another name? Specify:		
[REDACTED]			
For Beneficial Owners Only:			
What is your percentage of ownership? <u>50</u> %			
What is your source of wealth? (Check all that apply.)			
<input type="checkbox"/> Salary, wages, savings <input checked="" type="checkbox"/> Family, relatives, inheritance <input type="checkbox"/> Litigation award <input type="checkbox"/> Gambling <input type="checkbox"/> Social Security benefits <input type="checkbox"/> Investment capital gains <input type="checkbox"/> Invention/patent <input type="checkbox"/> Lottery <input type="checkbox"/> Sale of property or business <input type="checkbox"/> Gifts			

**The Next Two Questions Are Required by Industry Regulations:**

Are you affiliated with or employed by a U.S. stock exchange or member firm of a U.S. exchange or FINRA, or a municipal securities broker-dealer?	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "yes," you must attach a letter from your employer or affiliated broker-dealer approving the establishment of your account when submitting this application.)	
List the company name _____.)	
Are you a director, 10% shareholder or policy-making officer of a publicly held U.S. company?	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (If "yes," enter company name _____ and trading symbol _____.)	



**6a. Information About Individuals Who Are Authorized Individuals, Control Persons and/or ≥10% Beneficial Owners (Continued)****Individual 2 (Continued)****Trusted Contact Designation for Authorized Individuals Only**

Note: This part is applicable for Authorized Individuals, not for Control Persons or Beneficial Owners of any organization.

A Trusted Contact Person ("Trusted Contact")\* is a resource Schwab, and your advisor (if you have one), may contact on your behalf, if necessary, to attempt to address concerns regarding potential financial exploitation, or in communicating with you regarding issues related to your account(s). A Trusted Contact will not be able to view your account information, execute transactions in your account(s), or inquire about account activity, unless that person has that authority through another role on the account(s), such as a trustee or power of attorney. Providing Schwab with Trusted Contact information is voluntary. We encourage you to provide two Trusted Contacts in the event that one is not reachable in the future.

- Schwab suggests that your Trusted Contact(s) be someone other than your financial consultant or investment advisor.
- You may name up to two Trusted Contacts.
- The person(s) you name as Trusted Contact(s) will be the Trusted Contact(s) on all of your Schwab accounts, as provided for in your account agreement.
- For multiple-party accounts, each party can name separate Trusted Contacts.
- The Trusted Contact(s) must be at least 18 years old.

**Trusted Contact Information**

Trusted Contact information provided on this form will replace all Trusted Contact information currently on file.

**Person 1**

If you have no changes to your existing Trusted Contact, please skip this section.

Name (Title, First)	(Middle Name)	(Last Name, Suffix)
Relationship (Please select only one.)		
<input type="radio"/> Spouse <input type="radio"/> Partner <input type="radio"/> Child <input type="radio"/> Parent <input type="radio"/> Sibling <input type="radio"/> Friend <input type="radio"/> Other		

Please provide at least one method of contact for each Trusted Contact listed.

Mailing Address (No P.O. Boxes)		City
State or Province	Country	Postal or Zip Code
Home Phone	Mobile Phone	Email Address

**Person 2**

If you have no changes to your existing Trusted Contact, please skip this section.

Name (Title, First)	(Middle Name)	(Last Name, Suffix)
Relationship (Please select only one.)		
<input type="radio"/> Spouse <input type="radio"/> Partner <input type="radio"/> Child <input type="radio"/> Parent <input type="radio"/> Sibling <input type="radio"/> Friend <input type="radio"/> Other		

Please provide at least one method of contact for each Trusted Contact listed.

Mailing Address (No P.O. Boxes)		City
State or Province	Country	Postal or Zip Code
Home Phone	Mobile Phone	Email Address

\*If you provide a Trusted Contact Person(s) to Schwab, you understand that you have authorized Schwab and your advisor (if you have one) to contact the Trusted Contact Person(s) at their discretion and to disclose information about your account to address possible activities that might indicate financial exploitation of you; to confirm the specifics of your current contact information, health status (including physical or mental capacity), or the identity of any legal guardian, executor, trustee, or holder of a power of attorney on your account(s); or as otherwise permitted by FINRA rules or state law. For more information, please see your Schwab Account Agreement, which is available at [schwab.com/accountagreement](http://schwab.com/accountagreement).





**6a. Information About Individuals Who Are Authorized Individuals, Control Persons and/or ≥10% Beneficial Owners** (Continued)**Individual 3**

Role of Individual on Account (Select all that apply.)			
<input type="radio"/> Authorized Individual <input checked="" type="radio"/> Control Person <input type="radio"/> ≥10% Beneficial Owner			
<input checked="" type="radio"/> President <input type="radio"/> Director <input type="radio"/> Secretary <input type="radio"/> Treasurer <input type="radio"/> Other: _____			
First Name/Given Name		Middle	Last Name(s)/Surname(s)
Licimaco		Herrera	Soto
Home Street Address (no P.O. boxes)			
[REDACTED]			
City	State or Province	Country	Postal or Zip Code
Panama City		PANAMA	
Mailing Address (If different from above; P.O. boxes may be used)			
[REDACTED]			
City	State or Province	Country	Postal or Zip Code
Panama City		PANAMA	
Preferred Telephone Number (Country Code) (City/Area Code) (Number)		Alternate Telephone Number (Country Code) (City/Area Code) (Number)	
<input type="radio"/> Home <input checked="" type="radio"/> Business <input type="radio"/> Mobile [REDACTED] 6906		<input type="radio"/> Home <input type="radio"/> Business <input type="radio"/> Mobile	
U.S. Social Security/Tax ID No. (If applicable)	Date of Birth (mm/dd/yyyy)	Country of Birth	
[REDACTED]	[REDACTED]	Panama	
Country(ies) of Citizenship (Must list all.)		Country of Legal (Physical) Residence	
<input type="radio"/> USA <input checked="" type="radio"/> Other: Panama <input type="radio"/> Other: _____		<input type="radio"/> USA <input checked="" type="radio"/> Other: Panama	
Passport Number	Place of Issuance	Expiration Date (mm/dd/yyyy)	
[REDACTED]	Panama	[REDACTED]	
Employment Status (Please check only one.)			
<input checked="" type="radio"/> Employed <input type="radio"/> Self-Employed <input type="radio"/> Retired <input type="radio"/> Homemaker <input type="radio"/> Student <input type="radio"/> Not Employed			
Occupation (If you selected "Employed" or "Self-Employed," please select one option that best describes your occupation.)			
<input type="radio"/> Business Owner/Self-Employed <input type="radio"/> Financial Services/Banking Professional <input type="radio"/> Military <input type="radio"/> Consultant <input type="radio"/> Executive/Senior Management <input type="radio"/> Information Technology Professional <input type="radio"/> Educator <input type="radio"/> Other (Specify): _____ <input type="radio"/> Medical Professional <input type="radio"/> Other Professional <input type="radio"/> Clerical/Administrative Services <input type="radio"/> Legal Professional <input type="radio"/> U.S. Government Employee (Federal/State/Local) <input type="radio"/> Trade/Service (Labor/Manufacturing/Production) <input checked="" type="radio"/> Accounting Professional <input type="radio"/> Foreign Government Employee (Non-U.S.) <input type="radio"/> Sales/Marketing			
Employer Name/Business Name			
INTERTRUST			
Business Street Address			
[REDACTED]			
City	State or Province	Country	Postal or Zip Code
Panama City		PANAMA	
Mother's Maiden Name		Are you known by another name? Specify:	
[REDACTED]			
For Beneficial Owners Only:			
What is your percentage of ownership? _____%			
What is your source of wealth? (Check all that apply.)			
<input type="radio"/> Salary, wages, savings <input type="radio"/> Family, relatives, inheritance <input type="radio"/> Litigation award <input type="radio"/> Gambling <input type="radio"/> Social Security benefits <input type="radio"/> Investment capital gains <input type="radio"/> Invention/patent <input type="radio"/> Lottery <input type="radio"/> Sale of property or business <input type="radio"/> Gifts			

**The Next Two Questions Are Required by Industry Regulations:**

Are you affiliated with or employed by a U.S. stock exchange or member firm of a U.S. exchange or FINRA, or a municipal securities broker-dealer?	
<input checked="" type="radio"/> No <input type="radio"/> Yes (If "yes," you must attach a letter from your employer or affiliated broker-dealer approving the establishment of your account when submitting this application.)	
List the company name _____.)	
Are you a director, 10% shareholder or policy-making officer of a publicly held U.S. company?	
<input checked="" type="radio"/> No <input type="radio"/> Yes (If "yes," enter company name _____ and trading symbol _____.)	



**6a. Information About Individuals Who Are Authorized Individuals, Control Persons and/or ≥10% Beneficial Owners** (Continued)**Individual 3** (Continued)**Trusted Contact Designation for Authorized Individuals Only**

Note: This part is applicable for Authorized Individuals, not for Control Persons or Beneficial Owners of any organization.

A Trusted Contact Person ("Trusted Contact")\* is a resource Schwab, and your advisor (if you have one), may contact on your behalf, if necessary, to attempt to address concerns regarding potential financial exploitation, or in communicating with you regarding issues related to your account(s). A Trusted Contact will not be able to view your account information, execute transactions in your account(s), or inquire about account activity, unless that person has that authority through another role on the account(s), such as a trustee or power of attorney. Providing Schwab with Trusted Contact information is voluntary. We encourage you to provide two Trusted Contacts in the event that one is not reachable in the future.

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- The person(s) you name as Trusted Contact(s) will be the Trusted Contact(s) on all of your Schwab accounts, as provided for in your account agreement.
- For multiple-party accounts, each party can name separate Trusted Contacts.
- The Trusted Contact(s) must be at least 18 years old.

**Trusted Contact Information**

Trusted Contact information provided on this form will replace all Trusted Contact information currently on file.

**Person 1**

If you have no changes to your existing Trusted Contact, please skip this section.

Name (Title, First)	(Middle Name)	(Last Name, Suffix)
Relationship (Please select only one.)		
<input type="radio"/> Spouse <input type="radio"/> Partner <input type="radio"/> Child <input type="radio"/> Parent <input type="radio"/> Sibling <input type="radio"/> Friend <input type="radio"/> Other		

Please provide at least one method of contact for each Trusted Contact listed.

Mailing Address (No P.O. Boxes)		City
State or Province	Country	Postal or Zip Code
Home Phone	Mobile Phone	Email Address

**Person 2**

If you have no changes to your existing Trusted Contact, please skip this section.

Name (Title, First)	(Middle Name)	(Last Name, Suffix)
Relationship (Please select only one.)		
<input type="radio"/> Spouse <input type="radio"/> Partner <input type="radio"/> Child <input type="radio"/> Parent <input type="radio"/> Sibling <input type="radio"/> Friend <input type="radio"/> Other		

Please provide at least one method of contact for each Trusted Contact listed.

Mailing Address (No P.O. Boxes)		City
State or Province	Country	Postal or Zip Code
Home Phone	Mobile Phone	Email Address

\*If you provide a Trusted Contact Person(s) to Schwab, you understand that you have authorized Schwab and your advisor (if you have one) to contact the Trusted Contact Person(s) at their discretion and to disclose information about your account to address possible activities that might indicate financial exploitation of you; to confirm the specifics of your current contact information, health status (including physical or mental capacity), or the identity of any legal guardian, executor, trustee, or holder of a power of attorney on your account(s); or as otherwise permitted by FINRA rules or state law. For more information, please see your Schwab Account Agreement, which is available at [schwab.com/accountagreement](http://schwab.com/accountagreement).

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**6a. Information About Individuals Who Are Authorized Individuals, Control Persons and/or ≥10% Beneficial Owners** (Continued)**Individual 4**

Role of Individual on Account (Select all that apply.)			
<input type="radio"/> Authorized Individual <input checked="" type="radio"/> Control Person <input type="radio"/> ≥10% Beneficial Owner			
<input type="radio"/> President <input type="radio"/> Director <input checked="" type="radio"/> Secretary <input type="radio"/> Treasurer <input type="radio"/> Other: _____			
First Name/Given Name		Middle	Last Name(s)/Surname(s)
Adelina		Yasbeth	Barria Valdes
Home Street Address (no P.O. boxes)			
[REDACTED]			
City	State or Province	Country	Postal or Zip Code
Panama City		PANAMA	
Mailing Address (if different from above; P.O. boxes may be used)			
[REDACTED]			
City	State or Province	Country	Postal or Zip Code
Panama City		PANAMA	
Preferred Telephone Number (Country Code) (City/Area Code) (Number)		Alternate Telephone Number (Country Code) (City/Area Code) (Number)	
<input type="radio"/> Home <input checked="" type="radio"/> Business <input type="radio"/> Mobile    [REDACTED] 6906		<input type="radio"/> Home <input type="radio"/> Business <input type="radio"/> Mobile	
U.S. Social Security/Tax ID No. (If applicable)		Date of Birth (mm/dd/yyyy)	Country of Birth
[REDACTED]		[REDACTED]	Panama
Country(ies) of Citizenship (Must list all.)		Country of Legal (Physical) Residence	
<input type="radio"/> USA <input checked="" type="radio"/> Other: Panama <input type="radio"/> Other: _____		<input type="radio"/> USA <input checked="" type="radio"/> Other: Panama	
Passport Number	Place of Issuance	Expiration Date (mm/dd/yyyy)	
[REDACTED]	Panama	[REDACTED]	
Employment Status (Please check only one.)			
<input checked="" type="radio"/> Employed <input type="radio"/> Self-Employed <input type="radio"/> Retired <input type="radio"/> Homemaker <input type="radio"/> Student <input type="radio"/> Not Employed			
Occupation (If you selected "Employed" or "Self-Employed," please select one option that best describes your occupation.)			
<input type="radio"/> Business Owner/Self-Employed <input type="radio"/> Financial Services/Banking Professional <input type="radio"/> Military <input type="radio"/> Consultant <input type="radio"/> Executive/Senior Management <input type="radio"/> Information Technology Professional <input type="radio"/> Educator <input checked="" type="radio"/> Other (Specify): Secretary <input type="radio"/> Medical Professional <input type="radio"/> Other Professional <input type="radio"/> Clerical/Administrative Services <input type="radio"/> Legal Professional <input type="radio"/> U.S. Government Employee (Federal/State/Local) <input type="radio"/> Trade/Service (Labor/Manufacturing/Production) <input type="radio"/> Accounting Professional <input type="radio"/> Foreign Government Employee (Non-U.S.) <input type="radio"/> Sales/Marketing			
Employer Name/Business Name			
INTERTRUST			
Business Street Address			
[REDACTED]			
City	State or Province	Country	Postal or Zip Code
Panama City		PANAMA	
Mother's Maiden Name		Are you known by another name? Specify:	
[REDACTED]			
For Beneficial Owners Only:			
What is your percentage of ownership? _____%			
What is your source of wealth? (Check all that apply.)			
<input type="radio"/> Salary, wages, savings <input type="radio"/> Family, relatives, inheritance <input type="radio"/> Litigation award <input type="radio"/> Gambling <input type="radio"/> Social Security benefits <input type="radio"/> Investment capital gains <input type="radio"/> Invention/patent <input type="radio"/> Lottery <input type="radio"/> Sale of property or business <input type="radio"/> Gifts			

**The Next Two Questions Are Required by Industry Regulations:**

Are you affiliated with or employed by a U.S. stock exchange or member firm of a U.S. exchange or FINRA, or a municipal securities broker-dealer?	
<input checked="" type="radio"/> No <input type="radio"/> Yes (If "yes," you must attach a letter from your employer or affiliated broker-dealer approving the establishment of your account when submitting this application.)	
List the company name _____.	
Are you a director, 10% shareholder or policy-making officer of a publicly held U.S. company?	
<input checked="" type="radio"/> No <input type="radio"/> Yes (If "yes," enter company name _____ and trading symbol _____.)	



**6a. Information About Individuals Who Are Authorized Individuals, Control Persons and/or ≥10% Beneficial Owners** (Continued)**Individual 4** (Continued)**Trusted Contact Designation for Authorized Individuals Only**

Note: This part is applicable for Authorized Individuals, not for Control Persons or Beneficial Owners of any organization.

A Trusted Contact Person ("Trusted Contact")\* is a resource Schwab, and your advisor (if you have one), may contact on your behalf, if necessary, to attempt to address concerns regarding potential financial exploitation, or in communicating with you regarding issues related to your account(s). A Trusted Contact will not be able to view your account information, execute transactions in your account(s), or inquire about account activity, unless that person has that authority through another role on the account(s), such as a trustee or power of attorney. Providing Schwab with Trusted Contact information is voluntary. We encourage you to provide two Trusted Contacts in the event that one is not reachable in the future.

- Schwab suggests that your Trusted Contact(s) be someone other than your financial consultant or investment advisor.
- You may name up to two Trusted Contacts.
- The person(s) you name as Trusted Contact(s) will be the Trusted Contact(s) on all of your Schwab accounts, as provided for in your account agreement.
- For multiple-party accounts, each party can name separate Trusted Contacts.
- The Trusted Contact(s) must be at least 18 years old.

**Trusted Contact Information**

Trusted Contact information provided on this form will replace all Trusted Contact information currently on file.

**Person 1**

If you have no changes to your existing Trusted Contact, please skip this section.

Name (Title, First)	(Middle Name)	(Last Name, Suffix)
Relationship (Please select only one.)		
<input type="radio"/> Spouse <input type="radio"/> Partner <input type="radio"/> Child <input type="radio"/> Parent <input type="radio"/> Sibling <input type="radio"/> Friend <input type="radio"/> Other		

Please provide at least one method of contact for each Trusted Contact listed.

Mailing Address (No P.O. Boxes)		City
State or Province	Country	Postal or Zip Code
Home Phone	Mobile Phone	Email Address

**Person 2**

If you have no changes to your existing Trusted Contact, please skip this section.

Name (Title, First)	(Middle Name)	(Last Name, Suffix)
Relationship (Please select only one.)		
<input type="radio"/> Spouse <input type="radio"/> Partner <input type="radio"/> Child <input type="radio"/> Parent <input type="radio"/> Sibling <input type="radio"/> Friend <input type="radio"/> Other		

Please provide at least one method of contact for each Trusted Contact listed.

Mailing Address (No P.O. Boxes)		City
State or Province	Country	Postal or Zip Code
Home Phone	Mobile Phone	Email Address

\*If you provide a Trusted Contact Person(s) to Schwab, you understand that you have authorized Schwab and your advisor (if you have one) to contact the Trusted Contact Person(s) at their discretion and to disclose information about your account to address possible activities that might indicate financial exploitation of you; to confirm the specifics of your current contact information, health status (including physical or mental capacity), or the identity of any legal guardian, executor, trustee, or holder of a power of attorney on your account(s); or as otherwise permitted by FINRA rules or state law. For more information, please see your Schwab Account Agreement, which is available at [schwab.com/accountagreement](http://schwab.com/accountagreement).



**6b. Control Person/Beneficial Owner That Is a Legal Entity**

If the Control Person is a Legal Entity or a Trust, or a Beneficial Owner is a Legal Entity, provide the information requested below—all information is required.

In addition, please complete the information requested on the following page for at least one of the underlying Control Persons/Trustees of the Legal Entity/Trust and all Beneficial Owners of a  $\geq 10\%$  Beneficial Owner entity. If there are additional legal entities that are  $\geq 10\%$  Beneficial Owners that do not fit in the space below, please make, complete, and attach additional copies of this section. **If the Beneficial Owner is a Trust, skip to Section 6c.**

Title (Select all that apply.) <input type="radio"/> Control Person <input type="radio"/> $\geq 10\%$ Beneficial Owner			
Name of Legal Entity			
Legal Entity Telephone Number (Country Code) (City/Area Code) (Number)	U.S. Tax ID Number (if applicable)	Organization Registration Number	<input type="radio"/> Check if the jurisdiction does not have a registration number.
Legal Entity Street Address (no P.O. boxes)			
City	State or Province	Country	Postal or Zip Code
Mailing Address (if different from above; P.O. boxes may be used)			
City	State or Province	Country	Postal or Zip Code
Jurisdiction of Establishment		Line of Business	
For Beneficial Owners Only: What is your percentage of ownership? _____% What is your source of wealth? (Check all that apply.) <input type="radio"/> Organization income <input type="radio"/> Disposition of assets <input type="radio"/> Capital gains <input type="radio"/> Sale of property <input type="radio"/> Organization offering <input type="radio"/> Investor assets/contribution <input type="radio"/> Private placement			



**6b. Control Person/Beneficial Owner That Is a Legal Entity (Continued)**

Provide the following information for at least one Control Person/Trustee for the above Legal Entity/Trust. Also provide the following information for all ≥10% Beneficial Owners of the above Legal Entity. If information was provided for the Control Person/Trustee/Beneficial Owner in Section 6a, list only his/her name below and, if a Beneficial Owner, answer the last question regarding Beneficial Owners, if not previously provided.

**Individual 1**

Title (Select all that apply.) <input type="radio"/> Control Person/Trustee <input type="radio"/> ≥10% Beneficial Owner			
First Name/Given Name		Middle	Last Name(s)/Surname(s)
Home Street Address (no P.O. boxes)			
City	State or Province	Country	Postal or Zip Code
Preferred Telephone Number (Country Code) (City/Area Code) (Number) <input type="radio"/> Home <input type="radio"/> Business <input type="radio"/> Mobile		Alternate Telephone Number (Country Code) (City/Area Code) (Number) <input type="radio"/> Home <input type="radio"/> Business <input type="radio"/> Mobile	
U.S. Social Security/Tax ID No. (if applicable)		Date of Birth (mm/dd/yyyy)	Country of Birth
Country(ies) of Citizenship (Must list all.) <input type="radio"/> USA <input type="radio"/> Other: _____		Country of Legal (Physical) Residence <input type="radio"/> USA <input type="radio"/> Other: _____	
Passport Number	Place of Issuance		Expiration Date (mm/dd/yyyy)
Employment Status (Please check only one.) <input type="radio"/> Employed <input type="radio"/> Self-Employed <input type="radio"/> Retired <input type="radio"/> Homemaker <input type="radio"/> Student <input type="radio"/> Not Employed			
Occupation (If you selected "Employed" or "Self-Employed," please select one option that best describes your occupation.) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="radio"/> Business Owner/Self-Employed</div> <div style="width: 50%;"><input type="radio"/> Financial Services/Banking Professional</div> <div style="width: 50%;"><input type="radio"/> Military</div> <div style="width: 50%;"><input type="radio"/> Consultant</div> <div style="width: 50%;"><input type="radio"/> Executive/Senior Management</div> <div style="width: 50%;"><input type="radio"/> Information Technology Professional</div> <div style="width: 50%;"><input type="radio"/> Educator</div> <div style="width: 50%;"><input type="radio"/> Other (Specify): _____</div> <div style="width: 50%;"><input type="radio"/> Medical Professional</div> <div style="width: 50%;"><input type="radio"/> Other Professional</div> <div style="width: 50%;"><input type="radio"/> Clerical/Administrative Services</div> <div style="width: 50%;"><input type="radio"/> Legal Professional</div> <div style="width: 50%;"><input type="radio"/> U.S. Government Employee (Federal/State/Local)</div> <div style="width: 50%;"><input type="radio"/> Trade/Service (Labor/Manufacturing/Production)</div> <div style="width: 50%;"><input type="radio"/> Accounting Professional</div> <div style="width: 50%;"><input type="radio"/> Foreign Government Employee (Non-U.S.)</div> <div style="width: 50%;"><input type="radio"/> Sales/Marketing</div> </div>			
Employer Name/Business Name			
Business Street Address			
City	State or Province	Country	Postal or Zip Code
For Beneficial Owners Only: What is your percentage of ownership? _____% What is your source of wealth? (Check all that apply.) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="radio"/> Salary, wages, savings</div> <div style="width: 50%;"><input type="radio"/> Family, relatives, inheritance</div> <div style="width: 50%;"><input type="radio"/> Litigation award</div> <div style="width: 50%;"><input type="radio"/> Gambling</div> <div style="width: 50%;"><input type="radio"/> Social Security benefits</div> <div style="width: 50%;"><input type="radio"/> Investment capital gains</div> <div style="width: 50%;"><input type="radio"/> Invention/patent</div> <div style="width: 50%;"><input type="radio"/> Lottery</div> <div style="width: 50%;"><input type="radio"/> Sale of property or business</div> <div style="width: 50%;"><input type="radio"/> Gifts</div> </div>			

**The Next Two Questions Are Required by Industry Regulations:**

Are you affiliated with or employed by a U.S. stock exchange or member firm of a U.S. exchange or FINRA, or a municipal securities broker-dealer? <input type="radio"/> No <input type="radio"/> Yes   (If "yes," you must attach a letter from your employer or affiliated broker-dealer approving the establishment of your account when submitting this application.)	
List the company name _____.)	
Are you a director, 10% shareholder or policy-making officer of a publicly held U.S. company? <input type="radio"/> No <input type="radio"/> Yes   (If "yes," enter company name _____ and trading symbol _____.)	



**6b. Control Person/Beneficial Owner That Is a Legal Entity (Continued)****Individual 2**

Title (Select all that apply.) <input type="radio"/> Control Person/Trustee <input type="radio"/> ≥10% Beneficial Owner			
First Name/Given Name		Middle	Last Name(s)/Surname(s)
Home Street Address (no P.O. boxes)			
City	State or Province	Country	Postal or Zip Code
Preferred Telephone Number (Country Code) (City/Area Code) (Number) <input type="radio"/> Home <input type="radio"/> Business <input type="radio"/> Mobile		Alternate Telephone Number (Country Code) (City/Area Code) (Number) <input type="radio"/> Home <input type="radio"/> Business <input type="radio"/> Mobile	
U.S. Social Security/Tax ID No. (if applicable)		Date of Birth (mm/dd/yyyy)	Country of Birth
Country(ies) of Citizenship (Must list all.) <input type="radio"/> USA <input type="radio"/> Other: _____			Country of Legal (Physical) Residence <input type="radio"/> USA <input type="radio"/> Other: _____
Passport Number	Place of Issuance		Expiration Date (mm/dd/yyyy)
Employment Status (Please check only one.) <input type="radio"/> Employed <input type="radio"/> Self-Employed <input type="radio"/> Retired <input type="radio"/> Homemaker <input type="radio"/> Student <input type="radio"/> Not Employed			
Occupation (If you selected "Employed" or "Self-Employed," please select one option that best describes your occupation.) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="radio"/> Business Owner/Self-Employed</div> <div style="width: 33%;"><input type="radio"/> Financial Services/Banking Professional</div> <div style="width: 33%;"><input type="radio"/> Military</div> <div style="width: 33%;"><input type="radio"/> Consultant</div> <div style="width: 33%;"><input type="radio"/> Executive/Senior Management</div> <div style="width: 33%;"><input type="radio"/> Information Technology Professional</div> <div style="width: 33%;"><input type="radio"/> Educator</div> <div style="width: 33%;"><input type="radio"/> Other (Specify): _____</div> <div style="width: 33%;"><input type="radio"/> Medical Professional</div> <div style="width: 33%;"><input type="radio"/> Other Professional</div> <div style="width: 33%;"><input type="radio"/> Clerical/Administrative Services</div> <div style="width: 33%;"><input type="radio"/> Legal Professional</div> <div style="width: 33%;"><input type="radio"/> U.S. Government Employee (Federal/State/Local)</div> <div style="width: 33%;"><input type="radio"/> Trade/Service (Labor/Manufacturing/Production)</div> <div style="width: 33%;"><input type="radio"/> Accounting Professional</div> <div style="width: 33%;"><input type="radio"/> Foreign Government Employee (Non-U.S.)</div> <div style="width: 33%;"><input type="radio"/> Sales/Marketing</div> </div>			
Employer Name/Business Name			
Business Street Address			
City	State or Province	Country	Postal or Zip Code
For Beneficial Owners Only: What is your percentage of ownership? _____% What is your source of wealth? (Check all that apply.) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"><input type="radio"/> Salary, wages, savings</div> <div style="width: 25%;"><input type="radio"/> Family, relatives, inheritance</div> <div style="width: 25%;"><input type="radio"/> Litigation award</div> <div style="width: 25%;"><input type="radio"/> Gambling</div> <div style="width: 25%;"><input type="radio"/> Social Security benefits</div> <div style="width: 25%;"><input type="radio"/> Investment capital gains</div> <div style="width: 25%;"><input type="radio"/> Invention/patent</div> <div style="width: 25%;"><input type="radio"/> Lottery</div> <div style="width: 25%;"><input type="radio"/> Sale of property or business</div> <div style="width: 25%;"><input type="radio"/> Gifts</div> </div>			

**The Next Two Questions Are Required by Industry Regulations:**

Are you affiliated with or employed by a U.S. stock exchange or member firm of a U.S. exchange or FINRA, or a municipal securities broker-dealer? <input type="radio"/> No <input type="radio"/> Yes (If "yes," you must attach a letter from your employer or affiliated broker-dealer approving the establishment of your account when submitting this application.)	
List the company name _____.)	
Are you a director, 10% shareholder or policy-making officer of a publicly held U.S. company? <input type="radio"/> No <input type="radio"/> Yes (If "yes," enter company name _____ and trading symbol _____.)	



**6b. Control Person/Beneficial Owner That Is a Legal Entity (Continued)****Individual 3**

Title (Select all that apply.) <input type="radio"/> Control Person/Trustee <input type="radio"/> ≥10% Beneficial Owner			
First Name/Given Name		Middle	Last Name(s)/Surname(s)
Home Street Address (no P.O. boxes)			
City		State or Province	Country      Postal or Zip Code
Preferred Telephone Number (Country Code) (City/Area Code) (Number) <input type="radio"/> Home <input type="radio"/> Business <input type="radio"/> Mobile		Alternate Telephone Number (Country Code) (City/Area Code) (Number) <input type="radio"/> Home <input type="radio"/> Business <input type="radio"/> Mobile	
U.S. Social Security/Tax ID No. (if applicable)		Date of Birth (mm/dd/yyyy)	Country of Birth
Country(ies) of Citizenship (Must list all.) <input type="radio"/> USA <input type="radio"/> Other: _____		Country of Legal (Physical) Residence <input type="radio"/> USA <input type="radio"/> Other: _____	
Passport Number	Place of Issuance		Expiration Date (mm/dd/yyyy)
Employment Status (Please check only one.) <input type="radio"/> Employed <input type="radio"/> Self-Employed <input type="radio"/> Retired <input type="radio"/> Homemaker <input type="radio"/> Student <input type="radio"/> Not Employed			
Occupation (If you selected "Employed" or "Self-Employed," please select one option that best describes your occupation.) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="radio"/> Business Owner/Self-Employed</div> <div style="width: 33%;"><input type="radio"/> Financial Services/Banking Professional</div> <div style="width: 33%;"><input type="radio"/> Military</div> <div style="width: 33%;"><input type="radio"/> Consultant</div> <div style="width: 33%;"><input type="radio"/> Executive/Senior Management</div> <div style="width: 33%;"><input type="radio"/> Information Technology Professional</div> <div style="width: 33%;"><input type="radio"/> Educator</div> <div style="width: 33%;"><input type="radio"/> Other (Specify): _____</div> <div style="width: 33%;"><input type="radio"/> Medical Professional</div> <div style="width: 33%;"><input type="radio"/> Other Professional</div> <div style="width: 33%;"><input type="radio"/> Clerical/Administrative Services</div> <div style="width: 33%;"><input type="radio"/> Legal Professional</div> <div style="width: 33%;"><input type="radio"/> U.S. Government Employee (Federal/State/Local)</div> <div style="width: 33%;"><input type="radio"/> Trade/Service (Labor/Manufacturing/Production)</div> <div style="width: 33%;"><input type="radio"/> Accounting Professional</div> <div style="width: 33%;"><input type="radio"/> Foreign Government Employee (Non-U.S.)</div> <div style="width: 33%;"><input type="radio"/> Sales/Marketing</div> </div>			
Employer Name/Business Name			
Business Street Address			
City		State or Province	Country      Postal or Zip Code
For Beneficial Owners Only: What is your percentage of ownership? _____% What is your source of wealth? (Check all that apply.) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"><input type="radio"/> Salary, wages, savings</div> <div style="width: 25%;"><input type="radio"/> Family, relatives, inheritance</div> <div style="width: 25%;"><input type="radio"/> Litigation award</div> <div style="width: 25%;"><input type="radio"/> Gambling</div> <div style="width: 25%;"><input type="radio"/> Social Security benefits</div> <div style="width: 25%;"><input type="radio"/> Investment capital gains</div> <div style="width: 25%;"><input type="radio"/> Invention/patent</div> <div style="width: 25%;"><input type="radio"/> Lottery</div> <div style="width: 25%;"><input type="radio"/> Sale of property or business</div> <div style="width: 25%;"><input type="radio"/> Gifts</div> </div>			

**The Next Two Questions Are Required by Industry Regulations:**

Are you affiliated with or employed by a U.S. stock exchange or member firm of a U.S. exchange or FINRA, or a municipal securities broker-dealer? <input type="radio"/> No <input type="radio"/> Yes (If "yes," you must attach a letter from your employer or affiliated broker-dealer approving the establishment of your account when submitting this application.)	
List the company name _____.)	
Are you a director, 10% shareholder or policy-making officer of a publicly held U.S. company? <input type="radio"/> No <input type="radio"/> Yes (If "yes," enter company name _____ and trading symbol _____.)	





**6b. Control Person/Beneficial Owner That Is a Legal Entity (Continued)****Individual 4**

Title (Select all that apply.) <input type="radio"/> Control Person/Trustee <input type="radio"/> ≥10% Beneficial Owner			
First Name/Given Name		Middle	Last Name(s)/Surname(s)
Home Street Address (no P.O. boxes)			
City	State or Province	Country	Postal or Zip Code
Preferred Telephone Number (Country Code) (City/Area Code) (Number) <input type="radio"/> Home <input type="radio"/> Business <input type="radio"/> Mobile		Alternate Telephone Number (Country Code) (City/Area Code) (Number) <input type="radio"/> Home <input type="radio"/> Business <input type="radio"/> Mobile	
U.S. Social Security/Tax ID No. (if applicable)		Date of Birth (mm/dd/yyyy)	Country of Birth
Country(ies) of Citizenship (Must list all.) <input type="radio"/> USA <input type="radio"/> Other: _____			Country of Legal (Physical) Residence <input type="radio"/> USA <input type="radio"/> Other: _____
Passport Number	Place of Issuance		Expiration Date (mm/dd/yyyy)
Employment Status (Please check only one.) <input type="radio"/> Employed <input type="radio"/> Self-Employed <input type="radio"/> Retired <input type="radio"/> Homemaker <input type="radio"/> Student <input type="radio"/> Not Employed			
Occupation (If you selected "Employed" or "Self-Employed," please select one option that best describes your occupation.) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="radio"/> Business Owner/Self-Employed</div> <div style="width: 33%;"><input type="radio"/> Financial Services/Banking Professional</div> <div style="width: 33%;"><input type="radio"/> Military</div> <div style="width: 33%;"><input type="radio"/> Consultant</div> <div style="width: 33%;"><input type="radio"/> Executive/Senior Management</div> <div style="width: 33%;"><input type="radio"/> Information Technology Professional</div> <div style="width: 33%;"><input type="radio"/> Educator</div> <div style="width: 33%;"><input type="radio"/> Other (Specify.): _____</div> <div style="width: 33%;"><input type="radio"/> Medical Professional</div> <div style="width: 33%;"><input type="radio"/> Other Professional</div> <div style="width: 33%;"><input type="radio"/> Clerical/Administrative Services</div> <div style="width: 33%;"><input type="radio"/> Legal Professional</div> <div style="width: 33%;"><input type="radio"/> U.S. Government Employee (Federal/State/Local)</div> <div style="width: 33%;"><input type="radio"/> Trade/Service (Labor/Manufacturing/Production)</div> <div style="width: 33%;"><input type="radio"/> Accounting Professional</div> <div style="width: 33%;"><input type="radio"/> Foreign Government Employee (Non-U.S.)</div> <div style="width: 33%;"><input type="radio"/> Sales/Marketing</div> </div>			
Employer Name/Business Name			
Business Street Address			
City	State or Province	Country	Postal or Zip Code
For Beneficial Owners Only: What is your percentage of ownership? _____% What is your source of wealth? (Check all that apply.) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"><input type="radio"/> Salary, wages, savings</div> <div style="width: 25%;"><input type="radio"/> Family, relatives, inheritance</div> <div style="width: 25%;"><input type="radio"/> Litigation award</div> <div style="width: 25%;"><input type="radio"/> Gambling</div> <div style="width: 25%;"><input type="radio"/> Social Security benefits</div> <div style="width: 25%;"><input type="radio"/> Investment capital gains</div> <div style="width: 25%;"><input type="radio"/> Invention/patent</div> <div style="width: 25%;"><input type="radio"/> Lottery</div> <div style="width: 25%;"><input type="radio"/> Sale of property or business</div> <div style="width: 25%;"><input type="radio"/> Gifts</div> </div>			

**The Next Two Questions Are Required by Industry Regulations:**

Are you affiliated with or employed by a U.S. stock exchange or member firm of a U.S. exchange or FINRA, or a municipal securities broker-dealer? <input type="radio"/> No <input type="radio"/> Yes (If "yes," you must attach a letter from your employer or affiliated broker-dealer approving the establishment of your account when submitting this application.)	
List the company name _____.)	
Are you a director, 10% shareholder or policy-making officer of a publicly held U.S. company? <input type="radio"/> No <input type="radio"/> Yes (If "yes," enter company name _____ and trading symbol _____.)	



**6c. Information About Trusts That Are ≥10% Beneficial Owners**

If a Trust is a ≥10% equity owner of the Organization, the Trustees are considered Beneficial Owners per industry regulations. Information on all current Trustees is required. If there is more than one Trust that is a ≥10% Beneficial Owner of the Organization, please make, complete and attach additional copies of this Section 6c.

**If this is an international trust with beneficiaries that have vested and/or irrevocable beneficial interest or are receiving current distributions, also submit a Trust Addendum.**

Name of Trust	
Country of Establishment	State of Establishment
What is the Trust's percentage of ownership in the Organization? _____ %	

Please complete Part 1 for current Trustee(s) that is an Individual or Part 2 for a current Trustee that is an Entity Trustee.

**Part 1: Trustee(s) That is an Individual**

Provide the following information for all current Trustees of the aforementioned Trust. If information was provided for a current Trustee in Section 6a or 6b, list only his/her name below. If there are more than four current Trustees, please make, complete and attach additional copies of this section.

**Trustee 1**

First Name/Given Name		Middle		Last Name(s)/Surname(s)	
Home Street Address (no P.O. boxes)					
City		State or Province		Country	
Postal or Zip Code					
Preferred Telephone Number (Country Code) (City/Area Code) (Number)				Alternate Telephone Number (Country Code) (City/Area Code) (Number)	
<input type="radio"/> Home <input type="radio"/> Business <input type="radio"/> Mobile				<input type="radio"/> Home <input type="radio"/> Business <input type="radio"/> Mobile	
U.S. Social Security/Tax ID No. (if applicable)		Date of Birth (mm/dd/yyyy)		Country of Birth	
Country(ies) of Citizenship (Must list all.)				Country of Legal (Physical) Residence	
<input type="radio"/> USA <input type="radio"/> Other: _____				<input type="radio"/> USA <input type="radio"/> Other: _____	
Passport Number		Place of Issuance		Expiration Date (mm/dd/yyyy)	
Employment Status (Please check only one.)					
<input type="radio"/> Employed <input type="radio"/> Self-Employed <input type="radio"/> Retired <input type="radio"/> Homemaker <input type="radio"/> Student <input type="radio"/> Not Employed					
Occupation (If you selected "Employed" or "Self-Employed," please select one option that best describes your occupation.)					
<input type="radio"/> Business Owner/Self-Employed		<input type="radio"/> Financial Services/Banking Professional		<input type="radio"/> Military	
<input type="radio"/> Executive/Senior Management		<input type="radio"/> Information Technology Professional		<input type="radio"/> Educator	
<input type="radio"/> Medical Professional		<input type="radio"/> Other Professional		<input type="radio"/> Clerk/Administrative Services	
<input type="radio"/> Legal Professional		<input type="radio"/> U.S. Government Employee (Federal/State/Local)		<input type="radio"/> Trade/Service (Labor/Manufacturing/Production)	
<input type="radio"/> Accounting Professional		<input type="radio"/> Foreign Government Employee (Non-U.S.)		<input type="radio"/> Sales/Marketing	
Employer Name/Business Name					
Business Street Address					
City		State or Province		Country	
Postal or Zip Code					

**The Next Two Questions Are Required by Industry Regulations:**

Are you affiliated with or employed by a U.S. stock exchange or member firm of a U.S. exchange or FINRA, or a municipal securities broker-dealer?	
<input type="radio"/> No <input type="radio"/> Yes (If "yes," you must attach a letter from your employer or affiliated broker-dealer approving the establishment of your account when submitting this application.)	
List the company name _____.)	
Are you a director, 10% shareholder or policy-making officer of a publicly held U.S. company?	
<input type="radio"/> No <input type="radio"/> Yes (If "yes," enter company name _____ and trading symbol _____.)	

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**6c. Information About Trusts That Are  $\geq 10\%$  Beneficial Owners** (Continued)**Trustee 2**

First Name/Given Name		Middle	Last Name(s)/Surname(s)	
Home Street Address (no P.O. boxes)				
City	State or Province		Country	Postal or Zip Code
Preferred Telephone Number (Country Code) (City/Area Code) (Number) <input type="radio"/> Home <input type="radio"/> Business <input type="radio"/> Mobile			Alternate Telephone Number (Country Code) (City/Area Code) (Number) <input type="radio"/> Home <input type="radio"/> Business <input type="radio"/> Mobile	
U.S. Social Security/Tax ID No. (if applicable)		Date of Birth (mm/dd/yyyy)		Country of Birth
Country(ies) of Citizenship (Must list all.) <input type="radio"/> USA <input type="radio"/> Other: _____			Country of Legal (Physical) Residence <input type="radio"/> USA <input type="radio"/> Other: _____	
Passport Number	Place of Issuance		Expiration Date (mm/dd/yyyy)	
Employment Status (Please check only one.) <input type="radio"/> Employed <input type="radio"/> Self-Employed <input type="radio"/> Retired <input type="radio"/> Homemaker <input type="radio"/> Student <input type="radio"/> Not Employed				
Occupation (If you selected "Employed" or "Self-Employed," please select one option that best describes your occupation.)				
<input type="radio"/> Business Owner/Self-Employed	<input type="radio"/> Financial Services/Banking Professional	<input type="radio"/> Military	<input type="radio"/> Consultant	
<input type="radio"/> Executive/Senior Management	<input type="radio"/> Information Technology Professional	<input type="radio"/> Educator	<input type="radio"/> Other (Specify): _____	
<input type="radio"/> Medical Professional	<input type="radio"/> Other Professional	<input type="radio"/> Clerical/Administrative Services		
<input type="radio"/> Legal Professional	<input type="radio"/> U.S. Government Employee (Federal/State/Local)	<input type="radio"/> Trade/Service (Labor/Manufacturing/Production)		
<input type="radio"/> Accounting Professional	<input type="radio"/> Foreign Government Employee (Non-U.S.)	<input type="radio"/> Sales/Marketing		
Employer Name/Business Name				
Business Street Address				
City	State or Province		Country	Postal or Zip Code

**The Next Two Questions Are Required by Industry Regulations:**

Are you affiliated with or employed by a U.S. stock exchange or member firm of a U.S. exchange or FINRA, or a municipal securities broker-dealer?	
<input type="radio"/> No <input type="radio"/> Yes (If "yes," you must attach a letter from your employer or affiliated broker-dealer approving the establishment of your account when submitting this application.)	
List the company name _____.)	
Are you a director, 10% shareholder or policy-making officer of a publicly held U.S. company?	
<input type="radio"/> No <input type="radio"/> Yes (If "yes," enter company name _____ and trading symbol _____.)	



**6c. Information About Trusts That Are ≥10% Beneficial Owners** (Continued)**Part 2: Entity Trustee**

Complete this section if any Trustee(s) is an entity (organization trustee or other entity).

Entity Name (Please supply if your Trustee is not an individual.)			
Legal Street Address (no P.O. boxes, please)		Legal Entity Telephone Number (Country Code) (City/Area Code) (Number)	
		<input type="radio"/> Home <input type="radio"/> Business <input type="radio"/> Mobile	
City	State or Province	Country	Postal or Zip Code
Country of Establishment		Jurisdiction of Establishment	
U.S. Entity Tax ID Number (if applicable)			

**Required Information About Entity Trustee Control Person**

Complete this section for one Control Person of the aforementioned Entity Trustee.

**Entity Trustee Control Person**

First Name/Given Name		Middle	Last Name(s)/Surname(s)	
Home Street Address (no P.O. boxes)				
City	State or Province	Country	Postal or Zip Code	
Preferred Telephone Number (Country Code) (City/Area Code) (Number)		Alternate Telephone Number (Country Code) (City/Area Code) (Number)		
<input type="radio"/> Home <input type="radio"/> Business <input type="radio"/> Mobile		<input type="radio"/> Home <input type="radio"/> Business <input type="radio"/> Mobile		
U.S. Social Security/Tax ID No. (if applicable)	Date of Birth (mm/dd/yyyy)		Country of Birth	
Country(ies) of Citizenship (Must list all.)			Country of Legal (Physical) Residence	
<input type="radio"/> USA <input type="radio"/> Other: _____			<input type="radio"/> USA <input type="radio"/> Other: _____	
Passport Number	Place of Issuance		Expiration Date (mm/dd/yyyy)	
Employment Status (Please check only one.)				
<input type="radio"/> Employed <input type="radio"/> Self-Employed <input type="radio"/> Retired <input type="radio"/> Homemaker <input type="radio"/> Student <input type="radio"/> Not Employed				
Occupation (If you selected "Employed" or "Self-Employed," please select one option that best describes your occupation.)				
<input type="radio"/> Business Owner/Self-Employed <input type="radio"/> Executive/Senior Management <input type="radio"/> Medical Professional <input type="radio"/> Legal Professional <input type="radio"/> Accounting Professional	<input type="radio"/> Financial Services/Banking Professional <input type="radio"/> Information Technology Professional <input type="radio"/> Other Professional <input type="radio"/> U.S. Government Employee (Federal/State/Local) <input type="radio"/> Foreign Government Employee (Non-U.S.)	<input type="radio"/> Military <input type="radio"/> Educator <input type="radio"/> Clerical/Administrative Services <input type="radio"/> Trade/Service (Labor/Manufacturing/Production) <input type="radio"/> Sales/Marketing	<input type="radio"/> Consultant <input type="radio"/> Other (Specify): _____	
Employer Name/Business Name				
Business Street Address				
City	State or Province	Country	Postal or Zip Code	



**6c. Information About Trusts That Are ≥10% Beneficial Owners** (Continued)**Part 2: Entity Trustee** (Continued)**The Next Two Questions Are Required by Industry Regulations:**

Are you affiliated with or employed by a U.S. stock exchange or member firm of a U.S. exchange or FINRA, or a municipal securities broker-dealer?

☐ No ☐ Yes (If "yes," you must attach a letter from your employer or affiliated broker-dealer approving the establishment of your account when submitting this application.)

List the company name \_\_\_\_\_.)

Are you a director, 10% shareholder or policy-making officer of a publicly held U.S. company?

☐ No ☐ Yes (If "yes," enter company name \_\_\_\_\_ and trading symbol \_\_\_\_\_.)**7. Select Your Account Features****Enrollment for Electronic Trade Confirmations**

By providing your email address, you also consent to receiving Schwab eConfirms™ (trade confirmations sent to your email address detailing any purchase or sale of a security). Unless you check the box below, we will soon send you an email to the above address with more information about eConfirms, and to verify your consent and email address. Later, if you decide you do not want eConfirms, you may change your election and receive paper trade confirmations through the mail. If we can't verify your email address or are unable to deliver email to you at that address, we will send you paper trade confirmations through the mail.

☐ No, at this time I do not want eConfirms.**Checks** (optional)

If you wish to request checks, please select Anticipated Activity below. If you do not wish to order checks, leave the Anticipated Activity section blank.

**Anticipated Activity**

On average, how many times per month do you anticipate writing checks? (Check only one.)

- ☐ Less than 5 times per month
- ☐ 5 to 10 times per month
- ☐ 11 to 20 times per month
- ☐ More than 20 times per month

**8. Your Consent to Enroll in Schwab's Cash Features Program**

The Cash Features Program is the service that we provide that permits the uninvested cash or "free credit balance" in your brokerage account to earn income while you decide how those funds should be invested. The attached Cash Features Program General Terms and Conditions will inform you of the general terms and conditions of the products available through our Cash Features Program. Additional information about the Cash Features Program and each cash feature is available in the Cash Features Disclosure Statement.

By signing this Application, you consent to having the free credit balances in your brokerage account included in the Cash Features Program, and you also consent to having the Schwab One® Interest feature as your designated cash feature. The Schwab One Interest feature pays you taxable interest on the free credit balance in your Account. The Schwab One Interest feature is not a bank account, is not bank-guaranteed, and is not FDIC-insured. Cash balances in the Schwab One Interest feature are eligible for SIPC insurance, up to applicable limits.

You understand and agree that Schwab can (1) make changes to the terms and conditions of the Cash Features Program; (2) make changes to the terms and conditions of any cash feature; (3) change, add, or discontinue any cash feature; (4) change your investment from one cash feature to another if you become ineligible for your current cash feature or your current cash feature is discontinued; and (5) make any other changes to the Cash Features Program or cash feature as allowed by law. Schwab will notify you in writing of changes to the terms of the cash features, changes to the cash features we make available, or changes to the Cash Features Program prior to the effective date of the proposed changes.

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**9. Instructions About IA Authorizations** (Optional—please select all that apply.)

You may change or revoke these instructions at any time by contacting Schwab.

- ☐ **Trading and Disbursement Authorization for Checks and Journals.** Selecting this option indicates that the Organization has authorized IA to take the following actions and instructs Schwab to permit IA: (1) to place trades in my account as provided under the Trading Authorization heading in the attached Account Application Agreement; (2) to remit checks at the address of record; and (3) to journal cash and/or securities to a Schwab brokerage account on which the Organization is named account holder (known as a first-party transfer).
- This disbursement authorization does not apply to wire disbursements; Schwab MoneyLink® distributions; or direct, ongoing electronic payments of dividends, interest, and money market income, which use separate forms. (Note: Trading and Disbursement Authorization for Checks and Journals is not available for Estate, Guardianship, or Conservatorship accounts.)
- ☒ **Trading Authorization.** Selecting this option indicates that the Organization has authorized IA, and instructs Schwab to permit IA, to place trades in my account as provided under the Trading Authorization heading in the attached Account Application Agreement.
- ☒ **Fee Payment Authorization.** Selecting this option indicates that the Organization has authorized IA, and instructs Schwab to permit IA, to pay investment advisory and related fees to IA from its account or another account registered to the Organization, over which it has granted IA fee payment authorization in the amount of IA's instructions.

**10. Issuer Communications and Related Actions** (Optional)

If the Organization has granted its IA trading authority over its account, and IA exercises investment discretion for the Organization pursuant to an advisory contract, the Organization can appoint IA to be sent certain issuer and issuer-related communications (proxies, tender offers, proposed mergers, rights offerings, exchange offers, and warrants, among other things) that may require a voting decision or other action regarding investments held in an account of the Organization. If the Organization appoints its IA below, IA will, regarding only those voting decisions or other action communications sent to IA: (i) be requested to vote proxy ballots; (ii) be requested to provide instructions regarding corporate reorganizations and other organization actions; and (iii) be sent certain prospectuses and annual reports and other communications. In these cases, the Organization will be authorizing its IA to make all voting decisions and take all actions on the Organization's behalf. The Organization will not be sent informational copies of these communications.

**Even if the Organization appoints its IA below, the Organization may still be sent certain other issuer and issuer-related communications regarding investments held in its accounts. The Organization agrees that it will be responsible for providing Schwab any applicable instructions or directions on those items.**

Please select only one:

- ☒ **Yes.** The Organization appoints its IA, and the Organization will fulfill its responsibilities, as described above. The Organization instructs Schwab not to disclose its name, address, and securities positions to any issuer of securities held in an account opened under this application.
- ☐ **No.** The Organization does not appoint its IA as described above. The Organization wishes to be sent all issuer and issuer-related communications, make all voting decisions, and take all actions described above. The Organization understands that any issuer of securities held in its account(s) may request that Schwab disclose the Organization's name, address, and securities positions in that issuer.

If you selected "No" above, please select one:

- ☐ IA **should** be sent informational copies of any issuer or issuer-related communications.
- ☐ IA **should not** be sent informational copies of any issuer or issuer-related communications.

If you did not select either "Yes" or "No" above, Schwab will deem the Organization to have indicated "No," but informational copies of issuer and issuer-related communications may be sent to its IA.

**11. Add Paperless Services**

Schwab offers electronic delivery of various materials, trade confirmations, account statements, and tax forms. To begin your enrollment in Schwab's paperless services, provide your email address in Section 6a. You will receive an email explaining how to complete your enrollment for trade confirmations. To complete your enrollment for other materials, please log in to your account at [international.schwab.com](http://international.schwab.com). Schwab will continue to send you account materials in the mail until you have completed the enrollment process. If you have provided your email address in Section 6a but do not want to participate in Schwab's paperless services, please check the box below.

- ☐ **No**, do not enroll my account in paperless services.

**12. Required Account Opening Authorizations**

By signing this application, each individual in his or her representative and individual capacity ("you") certifies, represents and warrants that all of the information supplied in this application is complete, true and correct. You also agree that you have received and read a copy of the attached Schwab One International® Organization Account Application Agreement ("Application Agreement"), which contains a predispute arbitration clause. You acknowledge and agree that this arbitration clause is a binding obligation of both the Organization and you with respect to your capacity as an Authorized Individual on the account(s).

You represent and warrant that you have all the requisite power and authority to (1) provide the tax certifications and (2) establish, maintain and operate an account(s) with Schwab on behalf of the Organization and to bind the Organization to the Application Agreement and all incorporated agreements and disclosures, including, but not limited to, the Schwab One® Account Agreement and the applicable *Charles Schwab Pricing Guide*, each as amended from time to time (the "Agreement and Disclosures"). You represent and warrant that the organizational documents, resolutions, agreements and laws governing the Organization permit the establishment and maintenance of the account(s) in accordance with the Agreement and Disclosures. You represent and warrant that you will not take any action or provide any instruction to Schwab that exceeds your authority under organizational documents, resolutions, agreements and laws governing the Organization.

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**12. Required Account Opening Authorizations (Continued)**

You represent and warrant that each Authorized Individual listed on this application or subsequently provided to Schwab is authorized by the Organization to act individually, independently and without the consent of any owner, member, manager, partner, board, director, officer, or other person of the Organization. You represent and warrant that any notice sent to any Authorized Individual will constitute notice to the Organization. You represent and warrant that nothing in the organizational documents, agreements and laws governing the Organization imposes any obligation upon Schwab for determining the purpose or propriety (i) of any instructions received from any Authorized Individual or (ii) of payments or deliveries to or among Authorized Individuals.

You authorize Schwab to apply the Beneficial Ownership Information provided in this application to all other similarly registered Organization accounts maintained at Schwab.

You authorize Schwab to inquire from any source, including a consumer reporting agency, as to the identity of you and any organization you represent (as required by federal law), creditworthiness and ongoing eligibility for the account(s) at account opening, at any time throughout the life of the account(s), and thereafter for debt collection or investigative purposes.

You agree to notify Schwab immediately in writing of any change that would cause these representations and warranties to become incorrect or incomplete. You hereby, jointly and severally, in both personal and representative capacities, agree to indemnify Schwab and its affiliates, officers, directors, employees and agents from, and to hold such persons harmless against, any claims, judgments, surcharges, settlements or other liabilities or costs of defense or settlement (including investigative and attorneys' fees) arising out of or related to any act or omission to act by any Authorized Individual with respect to the account(s), the breach of any agreement with Schwab or any dispute involving you and the Organization.

The representations and obligations stated in this certification will survive the termination of the account(s).

By signing below, you represent and warrant that this application and the Incorporated Agreement and Disclosures constitute a legal, valid, and binding obligation enforceable against the Organization. You also agree, in your personal capacity, that your relationship with Schwab with respect to the account(s) will be governed by the Agreement and Disclosures.

All Authorized Individuals listed in Section 6a must sign. Please complete these three steps: (1) sign, (2) print name, and (3) enter date. Schwab cannot complete these fields on your behalf—failure to complete all of the steps will delay the processing of your application.

**13. Authorization to Open Account**

By signing this Application, you acknowledge that you have received and read a copy of the attached Application Agreement, which contains a predispute arbitration provision. You acknowledge that your signature signifies and constitutes your agreement that this Account and your relationship with Schwab will be governed by the Application Agreement and all incorporated agreements and disclosures, including, but not limited to, the Schwab One® Account Agreement and the Charles Schwab Pricing Guide, each as amended from

time to time (the "Agreement and Disclosures"). You understand there are fees associated with establishing, maintaining, engaging in transactions in and transferring assets out of this Account. Unless you have declined the margin feature, you acknowledge that securities securing loans from Schwab may be lent to Schwab and lent by Schwab to others. You also acknowledge that if you trade "on margin," you are borrowing money from Schwab and that you understand the requirements and risks associated with margin borrowing as

summarized in the Margin Disclosure Statement included with this Application.

For purposes of this Account Application and the attached Application Agreement, the terms "you," "your" and "Account Holder" refer to each person who signs this Account Application, as well as the organization. The terms "we," "us," "our," and "Schwab" refer to Charles Schwab & Co., Inc. You agree to notify Schwab promptly regarding any change in the information provided on this Application.

The Agreement with Schwab includes a predispute arbitration clause. You acknowledge receipt of the predispute arbitration clause contained in Section 12, page 2, of the attached Application Agreement.

PLEASE SIGN BELOW IN BLUE OR BLACK INK ONLY. Your signature below will also serve as a signature card.

**Signature(s) and Date(s) Required**

X

Signature of Authorized Agent

MARTIN D. LIFSCHITZ

Print Name

12/06/22

Date (mm/dd/yyyy)

X

Signature of Authorized Agent

DOLORES GARRIL

Print Name

12/06/22

Date (mm/dd/yyyy)

X

Signature of Authorized Agent

Print Name

Date (mm/dd/yyyy)

X

Signature of Authorized Agent

Print Name

Date (mm/dd/yyyy)





**14. Substitute W-9 Certification (Only for U.S. person who is the Account Taxpayer)**

For U.S. federal tax purposes, you are considered a U.S. person if you are a U.S. citizen, U.S. resident, or U.S. entity.

**THE CERTIFICATION IN THE BOX BELOW DOES NOT APPLY TO ANYONE WHO HAS SUBMITTED AN IRS FORM W-8.**

I certify, under penalty of perjury, that (1) the number shown on this Application is my correct Taxpayer Identification Number; and (2) I am not subject to backup withholding due to a failure to report interest and dividend income; and (3) I am a U.S. person (a U.S. citizen or U.S. resident alien); and (4) the Foreign Account Tax Compliance Act (FATCA) code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

☐ If you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return, you must check the preceding box indicating that Item (2) above does not apply.

If you are submitting this Application for an account you hold in the U.S., Item (4) above does not apply.

Consent: The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

**X**

Signature of U.S. Taxpayer or Authorized Agent of U.S. Taxpayer

Date (mm/dd/yyyy)

**X**

Signature of U.S. Taxpayer or Authorized Agent of U.S. Taxpayer

Date (mm/dd/yyyy)

**X**

Signature of U.S. Taxpayer or Authorized Agent of U.S. Taxpayer

Date (mm/dd/yyyy)

**X**

Signature of U.S. Taxpayer or Authorized Agent of U.S. Taxpayer

Date (mm/dd/yyyy)

**15. Organization Resolutions Authorizing Organization Brokerage Account**

I, Licimaco Herrera Soto, the President of  
 Print Name Title: Head of Organization

**3K Investments & Holding SA**, an organization organized under  
 Name of Organization

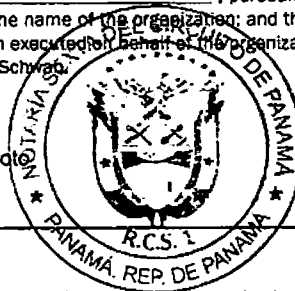
the laws of Panama, pursuant to the resolutions shown below, certified by the Secretary (or equivalent role), authorize you to open an account in the name of the organization; and the undersigned also encloses your Schwab One International® Advisor Services Organization Account Application executed on behalf of the organization. This authorization shall continue in full force until revoked by the organization by a written notice delivered to Schwab.

**Signature and Date Required****X**

Signature: Head of Organization

Licimaco Herrera Soto  
 Print Name

12/12/2022  
 Date (mm/dd/yyyy)

**16. Certification of Organization Resolutions**

I, Adelina Yasbeth Barria Valdes, Secretary or equivalent role of the above organization, or person filling a similar  
 Print Name

position, hereby certify the following resolutions were adopted by the Board of Directors (or, if no Board of Directors, Board of Managers or similar governing body, the person(s) duly authorized by the charter documents of the organization), and that no action has been taken to rescind or amend the resolutions and that the same are now in full force and effect.

I further certify that the organization is duly organized and existing and has the power to take the action called for by the resolutions shown below.

**Signature and Date Required**

*Adelina Yasbeth Barria Valdes*  
 Signature: Secretary or Equivalent Role of Organization

Adelina Yasbeth Barria Valdés  
 Print Name

12/12/2022  
 Date (mm/dd/yyyy)







Yo, LIC. RAÚL IVÁN CASTILLO SANJUR  
Notario Público Sexto del Circuito de Panamá  
con Cédula No. 4-157-725

**CERTIFICO:**

Que dada la certeza de la identidad de la (s) persona (s) que firma  
( ) ( ) y la presencia de quien ( ) ( ) la firma (s) es (son) auténtica  
(s) (Art. 1.130 C.C. Art. 835 C.J.) la validez de identificación que se  
me presentó.

Panamá

12 DIC 2022

Testigos

Testigos

LIC. RAÚL IVÁN CASTILLO SANJUR  
Notario Público Sexto

**16. Certification of Organization Resolutions** (Continued)**Resolutions adopted by the Board of Directors authorizing the establishment and maintenance of brokerage account(s)**

1. That the duly elected officers of the organization be authorized and empowered to establish and maintain one or more accounts with Charles Schwab & Co., Inc. ("Schwab") for the purpose of purchasing, investing in or otherwise acquiring, selling, possessing, transferring, exchanging, endorsing, assigning or otherwise disposing of, or turning to account of or realizing upon, and generally dealing in and with any forms of securities including (but not by way of limitation) shares, stocks, bonds, debentures, notes, scrips, participation certificates, rights to subscribe, option warrants, stock purchase warrants, futures, certificates of deposit, mortgages, choses in action, evidences of indebtedness, commercial papers, certificates of indebtedness and certificates of interest of any and every kind and nature whatsoever, whether represented by trust, participating and/or other certificates or otherwise.
  - (a) to give written or oral instructions to Schwab with respect to said transactions;
  - (b) to bind and obligate the organization to and for the carrying out of any contract, arrangement or transaction, which shall be entered into by any such officer and/or agent for and on behalf of the organization with or through Schwab;
  - (c) to pay in cash or by checks and/or drafts drawn upon the funds of the organization such sums as may be necessary in connection with any of the said accounts;
  - (d) to deliver securities to Schwab;
  - (e) to order the transfer or delivery thereof to any other person whatsoever and/or to order the transfer of record of any securities in order to pass title thereto;
  - (f) to direct the sale or exercise of any rights with respect to any securities;
  - (g) to sign for the organization all releases, powers of attorney and/or other documents in connection with any such account, and agree to any terms or conditions to control any such account;
  - (h) to direct Schwab to surrender any securities to the proper party for the purpose of effecting any exchange or conversion, or for the purpose of deposit with any protective or similar committee or otherwise;
  - (i) to accept delivery of any securities;
  - (j) to appoint any other person or persons to do any and all things which any of the officers and/or agents is hereby empowered to do;
  - (k) and generally to do and take all action necessary in connection with the account, or considered desirable by such officer and/or agent with respect thereto.
2. That the fullest authority at all times with respect to any such commitment or with respect to any transaction deemed by any of the officers and/or agents to be proper in connection therewith is hereby conferred, including authority (without limiting the generality of the foregoing):
  - (a) to give written or oral instructions to Schwab with respect to said transactions;
  - (b) to bind and obligate the organization to and for the carrying out of any contract, arrangement or transaction, which shall be entered into by any such officer and/or agent for and on behalf of the organization with or through Schwab;
  - (c) to pay in cash or by checks and/or drafts drawn upon the funds of the organization such sums as may be necessary in connection with any of the said accounts;
  - (d) to deliver securities to Schwab;
  - (e) to order the transfer or delivery thereof to any other person whatsoever and/or to
3. That Schwab may deal with any and all of the persons directly or indirectly by the foregoing resolution empowered, as though it is dealing with the organization directly.
4. That the Secretary (or person performing similar functions) of the organization be authorized, empowered and directed to certify, under the seal of the organization (if there is one), or otherwise, to Schwab:
  - (a) a true copy of these resolutions;
  - (b) specimen signatures of each and every person by these resolutions empowered;
  - (c) a certificate (which, if required by Schwab, shall be supported by an opinion of the general counsel of the organization or other counsel satisfactory to Schwab) that the organization is duly organized and existing, that its charter empowers it to transact the business by these resolutions defined, and that no limitation has been imposed upon such powers by the bylaws or otherwise.
5. That Schwab may rely upon any certification given in accordance with these resolutions, as continuing fully effective unless and until Schwab shall receive due written notice of a change in or the rescission of the authority so evidenced; and the dispatch or receipt of any other form of notice shall not constitute a waiver of this provision, nor shall the fact that any person hereby empowered ceases to be an officer (or person holding other positions of authority) of the organization or becomes an officer (or person holding other positions of authority) under some other title in any way affect the powers hereby conferred. The failure to supply any specimen signature shall not invalidate any transaction if the transaction is in accordance with authority actually granted.
6. That in the event of any change in the office or powers of persons hereby empowered, the Secretary (or person performing similar functions) shall certify such changes to Schwab in writing in the manner hereinabove provided, which notification, when received, shall be adequate both to terminate the powers of the persons theretofore authorized, and to empower the persons thereby substituted.
7. That the foregoing resolutions and the certificates actually furnished to Schwab by the Secretary of the organization (or person performing similar functions) pursuant thereto be and they hereby are made irrevocable until written notice of the revocation thereof shall have been received by Schwab.



**17. Organizational Authorization**

I, Adelina Yasbeth Barria Valdes, being the Secretary or equivalent role of 3K Investments & Holding SA,  
Print Name Name of Organization

an organization organized and existing under and by virtue of the laws of Panama, certify that the following is a true and complete copy of resolutions duly adopted by the Board of Directors (or, if no Board of Directors, Board of Managers or similar governing body exists, the person[s] duly authorized by the charter document of this organization); that said resolutions are still in full force and effect and have not been rescinded; and that said resolutions are not in conflict with the charter or bylaws of this organization.

**RESOLVED:** That the authorized individuals of this organization as designated below be, and they hereby are, fully authorized and empowered to transfer, convert, endorse, sell, assign, set over and deliver any and all shares of stock, bonds, debentures, notes, subscription warrants, stock purchase warrants, evidences of indebtedness or other securities now or hereafter standing in the name of or owned by this organization and to make, execute and deliver, under the organization or certification seal of this organization (if there is one), any and all written instruments of assignment and transfer necessary or proper to effectuate the authority hereby conferred.

**Martin D Lifschitz**  
 Authorized Agent 1 (Print name.)

**Owner**  
 Title

**Dolores Carril**  
 Authorized Agent 2 (Print name.)

**Owner**  
 Title

Authorized Agent 3 (Print name.)

Title

Authorized Agent 4 (Print name.)

Title

**Note: All agents listed above must also complete and sign the Schwab One International® Advisor Services Organization Account Application.**

**FURTHER RESOLVED:** That any of the aforementioned authorized individual(s) of the organization, and the organization itself, authorize Schwab to inquire from any source, including a consumer reporting agency, as to their creditworthiness and ongoing eligibility for the account at any time throughout the life of the account, and thereafter for debt collection or investigative purposes.

**FURTHER RESOLVED:** That whenever there shall be annexed to any instrument of assignment and transfer, executed pursuant to and in accordance

with the foregoing resolution, a certificate of the Secretary or a person filling a similar position of this organization in office at the date of such certificate, and such certificate shall set forth these resolutions and shall state that these resolutions are in full force and effect and shall also set forth the names of the persons who are then officers of this organization, then all persons to whom such instrument with the annexed certificate shall thereafter come, shall be entitled, without further inquiry or investigation and regardless of the date of such certi-

cate, to assume and to act in reliance upon the assumption that the shares of stock or other securities named in such instrument were theretofore duly and properly transferred, endorsed, sold, assigned, set over and delivered by this organization, and that with respect to such securities the authority of these resolutions and of such officers is still in full force and effect. I further certify that the following, including all attached addenda, is a true and correct list of the present officers of this organization.

**Licimaco Herrera Soto**  
 President (Print name.)

**Ana Maria Moreno Quiroz**  
 Vice President (Print name.)

**Adelina Yasbeth Barria Valdes**  
 Secretary (Print name.)

Treasurer (Print name.)



**17. Organizational Authorization (Continued)****Signature and Date Required****X**

Signature: Secretary or Equivalent Role of Organization

Date (mm/dd/yyyy)

IF NO ORGANIZATION SEAL, PLEASE HAVE SECRETARY OR EQUIVALENT ROLE'S SIGNATURE CERTIFIED.  
 CERTIFICATION CAN BE CARRIED OUT BY A PUBLIC NOTARY. IF A NOTARY IS NOT AVAILABLE, A PROFESSIONAL  
 PERSON, (E.G., EMBASSY OFFICIAL, LAWYER, OR BANK OFFICIAL) MAY CERTIFY AND MUST SIGN BELOW.

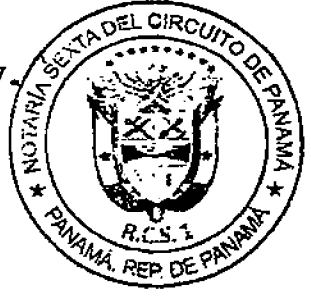
(AFFIX ORGANIZATION OR  
CERTIFICATION SEAL)**Signature and Date Required****X**

Signature: Person Certifying Secretary or Equivalent Role's Signature

Date (mm/dd/yyyy)

Person's Title/Position

IF A SECRETARY OR EQUIVALENT ROLE SIGNATURE IS CERTIFIED BY A NOTARY, PLEASE COMPLETE NOTARY SECTION BELOW.

Jurisdiction: <u>Panama</u> on <u>12/12/2022</u> before me, <u>Raúl Iván Castillo Sanjurjo</u> <small>(mm/dd/yyyy) (Name and Title of the Notarizing Officer)</small> personally appeared <u>Licimaco Herrera S. y Adelina Y. Barria V.</u> <small>(Name of Person(s) Signing Instrument)</small> personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and who acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.* WITNESS my hand and official seal. Notary Public <u>Lic. Raúl Iván Castillo Sanjurjo</u> Expiration Date <u>                    </u> <small>(Signature of Notarizing Officer) (mm/dd/yyyy)</small> *Notaries for whom the box provided is not applicable should attach the appropriate notarizing declaration in lieu of the above.		(NOTARY SEAL) 
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 CC7305314 (0322-2X0S) APP98279-09 (09/22)



MINUTES OF A SPECIAL MEETING OF THE BOARD OF DIRECTORS OF

**3K investments & holding S.A.**

The Board of Directors of **3K investments & holding S.A.**, a corporation of the Republic of Panama, held a special meeting in the offices of the corporation at [REDACTED] Panama, Republic of Panama, on December 9, 2022, at 10:00 a.m.

All Directors were present, to wit: Licimaco Herrera Soto, Ana Maria Moreno Quiroz and Adelina Yasbeth Barria Valdés, who waived prior notice.

The President of the corporation, Licimaco Herrera Soto, presided at the meeting and the Corporate Secretary, Adelina Yasbeth Barria Valdés, acted as such and stated that there was a quorum.

The President called the meeting to order and indicated that same was held with the purpose of authorizing the opening of an account with Charles Schwab International and to designate the authorized persons to sign on the account.

After a broad discussion on the matter, upon motion duly made, seconded and carried, it was unanimously:

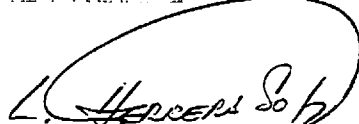
**RESOLVED:**

**FIRST:** To authorize the opening of an account with Charles Schwab International and to designate Martin D. Lifschitz as primary authorized individual signatory or Dolores Carril as authorized individual signatory for and on behalf of the corporation, to sign over the new account and to transact any and all other business with or through Charles Schwab International.

**SECOND:** To authorize the President and the Secretary of the corporation, to sign the corresponding forms in the name and on behalf of **3K investments & holding S.A.**

After having approved the foregoing resolutions, there being no further matters to be transacted, the meeting was adjourned at 10:30 a.m.

THE PRESIDENT:

  
Licimaco Herrera Soto

THE SECRETARY:

  
Adelina Yasbeth Barria V.

Form **W-8BEN-E**

(Rev. October 2021)

Department of the Treasury  
Internal Revenue Service**Certificate of Status of Beneficial Owner for  
United States Tax Withholding and Reporting (Entities)**

► For use by entities. Individuals must use Form W-8BEN. ► Section references are to the Internal Revenue Code.  
 ► Go to [www.irs.gov/FormW8BEN-E](http://www.irs.gov/FormW8BEN-E) for instructions and the latest information.  
 ► Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

**Do NOT use this form for:**

- U.S. entity or U.S. citizen or resident . . . . . W-9
- A foreign individual . . . . . W-8BEN (Individual) or Form 8233
- A foreign individual or entity claiming that income is effectively connected with the conduct of trade or business within the United States (unless claiming treaty benefits) . . . . . W-8ECI
- A foreign partnership, a foreign simple trust, or a foreign grantor trust (unless claiming treaty benefits) (see instructions for exceptions) . . . W-8IMY
- A foreign government, international organization, foreign central bank of issue, foreign tax-exempt organization, foreign private foundation, or government of a U.S. possession claiming that income is effectively connected U.S. income or that is claiming the applicability of section(s) 115(2), 501(c), 892, 895, or 1443(b) (unless claiming treaty benefits) (see instructions for other exceptions) . . . . . W-8ECI or W-8EXP
- Any person acting as an intermediary (including a qualified intermediary acting as a qualified derivatives dealer) . . . . . W-8IMY

**Instead use Form:****Part I Identification of Beneficial Owner**

<b>1</b> Name of organization that is the beneficial owner <b>3K Investments &amp; Holding SA</b>	<b>2</b> Country of incorporation or organization <b>Panama</b>
--	--

**3** Name of disregarded entity receiving the payment (if applicable, see instructions)

- 4** Chapter 3 Status (entity type) (Must check one box only):
- |  |  |   |   |
|--|--|---|---|
| <input checked="" type="checkbox"/> Simple trust | <input type="checkbox"/> Tax-exempt organization | <input checked="" type="checkbox"/> Corporation     | <input type="checkbox"/> Partnership                            |
| <input type="checkbox"/> Central Bank of Issue   | <input type="checkbox"/> Private foundation      | <input type="checkbox"/> Complex trust              | <input type="checkbox"/> Foreign Government - Controlled Entity |
| <input type="checkbox"/> Grantor trust           | <input type="checkbox"/> Disregarded entity      | <input type="checkbox"/> Estate                     | <input type="checkbox"/> Foreign Government - Integral Part     |
|  |  | <input type="checkbox"/> International organization |   |

If you entered disregarded entity, partnership, simple trust, or grantor trust above, is the entity a hybrid making a treaty claim? If "Yes," complete Part III. ☐ Yes ☐ No

- 5** Chapter 4 Status (FATCA status) (See instructions for details and complete the certification below for the entity's applicable status.)
- |   |  |
|---|--|
| <input type="checkbox"/> Nonparticipating FFI (including an FFI related to a Reporting IGA FFI other than a deemed-compliant FFI, participating FFI, or exempt beneficial owner).<br><br><input type="checkbox"/> Participating FFI.<br><input type="checkbox"/> Reporting Model 1 FFI.<br><input type="checkbox"/> Reporting Model 2 FFI.<br><input type="checkbox"/> Registered deemed-compliant FFI (other than a reporting Model 1 FFI, sponsored FFI, or nonreporting IGA FFI covered in Part XII). See instructions.<br><br><input type="checkbox"/> Sponsored FFI. Complete Part IV.<br><input type="checkbox"/> Certified deemed-compliant nonregistering local bank. Complete Part V.<br><input type="checkbox"/> Certified deemed-compliant FFI with only low-value accounts. Complete Part VI.<br><input type="checkbox"/> Certified deemed-compliant sponsored, closely held investment vehicle. Complete Part VII.<br><input type="checkbox"/> Certified deemed-compliant limited life debt investment entity. Complete Part VIII.<br><input type="checkbox"/> Certain investment entities that do not maintain financial accounts. Complete Part IX.<br><input type="checkbox"/> Owner-documented FFI. Complete Part X.<br><input type="checkbox"/> Restricted distributor. Complete Part XI. | <input type="checkbox"/> Nonreporting IGA FFI. Complete Part XII.<br><input type="checkbox"/> Foreign government, government of a U.S. possession, or foreign central bank of issue. Complete Part XIII.<br><br><input type="checkbox"/> International organization. Complete Part XIV.<br><input type="checkbox"/> Exempt retirement plans. Complete Part XV.<br><input type="checkbox"/> Entity wholly owned by exempt beneficial owners. Complete Part XVI.<br><input type="checkbox"/> Territory financial institution. Complete Part XVII.<br><input type="checkbox"/> Excepted nonfinancial group entity. Complete Part XVIII.<br><input type="checkbox"/> Excepted nonfinancial start-up company. Complete Part XIX.<br><input type="checkbox"/> Excepted nonfinancial entity in liquidation or bankruptcy. Complete Part XX.<br><input type="checkbox"/> 501(c) organization. Complete Part XXI.<br><input type="checkbox"/> Nonprofit organization. Complete Part XXII.<br><input type="checkbox"/> Publicly traded NFFE or NFFE affiliate of a publicly traded corporation. Complete Part XXIII.<br><input type="checkbox"/> Excepted territory NFFE. Complete Part XXIV.<br><input type="checkbox"/> Active NFFE. Complete Part XXV.<br><input checked="" type="checkbox"/> Passive NFFE. Complete Part XXVI.<br><input type="checkbox"/> Excepted inter-affiliate FFI. Complete Part XXVII.<br><input type="checkbox"/> Direct reporting NFFE.<br><input type="checkbox"/> Sponsored direct reporting NFFE. Complete Part XXVIII.<br><input type="checkbox"/> Account that is not a financial account. |
|---|--|

**6** Permanent residence address (street, apt. or suite no., or rural route). **Do not use a P.O. box or in-care-of address** (other than a registered address).

City or town, state or province. Include postal code where appropriate.

**Panama City**

Country

**PANAMA****7** Mailing address (if different from above)

City or town, state or province. Include postal code where appropriate.

Country

**Part I Identification of Beneficial Owner (continued)****8** U.S. taxpayer identification number (TIN), if required \_\_\_\_\_**9a** GIIN \_\_\_\_\_**b** Foreign TIN \_\_\_\_\_**c** Check if FTIN not legally required. . . . . ☐**10** Reference number(s) (see instructions) \_\_\_\_\_**Note:** Please complete remainder of the form including signing the form in Part XXX.**Part II Disregarded Entity or Branch Receiving Payment.** (Complete only if a disregarded entity with a GIIN or a branch of an FFI in a country other than the FFI's country of residence. See instructions.)**11** Chapter 4 Status (FATCA status) of disregarded entity or branch receiving payment☐ Branch treated as nonparticipating FFI.☐ Reporting Model 1 FFI.☐ U.S. Branch.☐ Participating FFI.☐ Reporting Model 2 FFI.**12** Address of disregarded entity or branch (street, apt. or suite no., or rural route). **Do not use a P.O. box or in-care-of address** (other than a registered address). \_\_\_\_\_

City or town, state or province. Include postal code where appropriate. \_\_\_\_\_

Country \_\_\_\_\_

**13** GIIN (if any) \_\_\_\_\_**Part III Claim of Tax Treaty Benefits (if applicable).** (For chapter 3 purposes only.)**14** I certify that (check all that apply):**a** ☐ The beneficial owner is a resident of \_\_\_\_\_ within the meaning of the income tax treaty between the United States and that country.**b** ☐ The beneficial owner derives the item (or items) of income for which the treaty benefits are claimed, and, if applicable, meets the requirements of the treaty provision dealing with limitation on benefits. The following are types of limitation on benefits provisions that may be included in an applicable tax treaty (check only one; see instructions):☐ Government☐ Company that meets the ownership and base erosion test☐ Tax-exempt pension trust or pension fund☐ Company that meets the derivative benefits test☐ Other tax-exempt organization☐ Company with an item of income that meets active trade or business test☐ Publicly traded corporation☐ Favorable discretionary determination by the U.S. competent authority received☐ Subsidiary of a publicly traded corporation☐ No LOB article in treaty☐ Other (specify Article and paragraph): \_\_\_\_\_**c** ☐ The beneficial owner is claiming treaty benefits for U.S. source dividends received from a foreign corporation or interest from a U.S. trade or business of a foreign corporation and meets qualified resident status (see instructions).**15** **Special rates and conditions** (if applicable—see instructions):

The beneficial owner is claiming the provisions of Article and paragraph \_\_\_\_\_

of the treaty identified on line 14a above to claim a \_\_\_\_\_ % rate of withholding on (specify type of income): \_\_\_\_\_

Explain the additional conditions in the Article the beneficial owner meets to be eligible for the rate of withholding: \_\_\_\_\_

**Part IV Sponsored FFI****16** Name of sponsoring entity: \_\_\_\_\_**17** **Check whichever box applies.**☐ I certify that the entity identified in Part I:

• Is an investment entity;

• Is not a QI, WP (except to the extent permitted in the withholding foreign partnership agreement), or WT; **and**

• Has agreed with the entity identified above (that is not a nonparticipating FFI) to act as the sponsoring entity for this entity.

☐ I certify that the entity identified in Part I:

• Is a controlled foreign corporation as defined in section 957(a);

• Is not a QI, WP, or WT;

• Is wholly owned, directly or indirectly, by the U.S. financial institution identified above that agrees to act as the sponsoring entity for this entity; **and**

• Shares a common electronic account system with the sponsoring entity (identified above) that enables the sponsoring entity to identify all account holders and payees of the entity and to access all account and customer information maintained by the entity including, but not limited to, customer identification information, customer documentation, account balance, and all payments made to account holders or payees.



**Part V Certified Deemed-Compliant Nonregistering Local Bank**18 ☐ I certify that the FFI identified in Part I:

- Operates and is licensed solely as a bank or credit union (or similar cooperative credit organization operated without profit) in its country of incorporation or organization;
- Engages primarily in the business of receiving deposits from and making loans to, with respect to a bank, retail customers unrelated to such bank and, with respect to a credit union or similar cooperative credit organization, members, provided that no member has a greater than 5% interest in such credit union or cooperative credit organization;
- Does not solicit account holders outside its country of organization;
- Has no fixed place of business outside such country (for this purpose, a fixed place of business does not include a location that is not advertised to the public and from which the FFI performs solely administrative support functions);
- Has no more than \$175 million in assets on its balance sheet and, if it is a member of an expanded affiliated group, the group has no more than \$500 million in total assets on its consolidated or combined balance sheets; **and**
- Does not have any member of its expanded affiliated group that is a foreign financial institution, other than a foreign financial institution that is incorporated or organized in the same country as the FFI identified in Part I and that meets the requirements set forth in this part.

**Part VI Certified Deemed-Compliant FFI with Only Low-Value Accounts**19 ☐ I certify that the FFI identified in Part I:

- Is not engaged primarily in the business of investing, reinvesting, or trading in securities, partnership interests, commodities, notional principal contracts, insurance or annuity contracts, or any interest (including a futures or forward contract or option) in such security, partnership interest, commodity, notional principal contract, insurance contract or annuity contract;
- No financial account maintained by the FFI or any member of its expanded affiliated group, if any, has a balance or value in excess of \$50,000 (as determined after applying applicable account aggregation rules); **and**
- Neither the FFI nor the entire expanded affiliated group, if any, of the FFI, have more than \$50 million in assets on its consolidated or combined balance sheet as of the end of its most recent accounting year.

**Part VII Certified Deemed-Compliant Sponsored, Closely Held Investment Vehicle**

20 Name of sponsoring entity: \_\_\_\_\_

21 ☐ I certify that the entity identified in Part I:

- Is an FFI solely because it is an investment entity described in Regulations section 1.1471-5(e)(4);
- Is not a QI, WP, or WT;
- Will have all of its due diligence, withholding, and reporting responsibilities (determined as if the FFI were a participating FFI) fulfilled by the sponsoring entity identified on line 20; **and**
- 20 or fewer individuals own all of the debt and equity interests in the entity (disregarding debt interests owned by U.S. financial institutions, participating FFIs, registered deemed-compliant FFIs, and certified deemed-compliant FFIs and equity interests owned by an entity if that entity owns 100% of the equity interests in the FFI and is itself a sponsored FFI).

**Part VIII Certified Deemed-Compliant Limited Life Debt Investment Entity**22 ☐ I certify that the entity identified in Part I:

- Was in existence as of January 17, 2013;
- Issued all classes of its debt or equity interests to investors on or before January 17, 2013, pursuant to a trust indenture or similar agreement; **and**
- Is certified deemed-compliant because it satisfies the requirements to be treated as a limited life debt investment entity (such as the restrictions with respect to its assets and other requirements under Regulations section 1.1471-5(f)(2)(iv)).

**Part IX Certain Investment Entities that Do Not Maintain Financial Accounts**23 ☐ I certify that the entity identified in Part I:

- Is a financial institution solely because it is an investment entity described in Regulations section 1.1471-5(e)(4)(i)(A), **and**
- Does not maintain financial accounts.

**Part X Owner-Documented FFI**

**Note:** This status only applies if the U.S. financial institution, participating FFI, or reporting Model 1 FFI to which this form is given has agreed that it will treat the FFI as an owner-documented FFI (see instructions for eligibility requirements). In addition, the FFI must make the certifications below.

24a ☐ (All owner-documented FFIs check here) I certify that the FFI identified in Part I:

- Does not act as an intermediary;
- Does not accept deposits in the ordinary course of a banking or similar business;
- Does not hold, as a substantial portion of its business, financial assets for the account of others;
- Is not an insurance company (or the holding company of an insurance company) that issues or is obligated to make payments with respect to a financial account;
- Is not owned by or in an expanded affiliated group with an entity that accepts deposits in the ordinary course of a banking or similar business, holds, as a substantial portion of its business, financial assets for the account of others, or is an insurance company (or the holding company of an insurance company) that issues or is obligated to make payments with respect to a financial account;
- Does not maintain a financial account for any nonparticipating FFI; **and**
- Does not have any specified U.S. persons that own an equity interest or debt interest (other than a debt interest that is not a financial account or that has a balance or value not exceeding \$50,000) in the FFI other than those identified on the FFI owner reporting statement.



**Part X Owner-Documented FFI (continued)****Check box 24b or 24c, whichever applies.**

- b** ☐ I certify that the FFI identified in Part I:
- Has provided, or will provide, an FFI owner reporting statement that contains:
    - (i) The name, address, TIN (if any), chapter 4 status, and type of documentation provided (if required) of every individual and specified U.S. person that owns a direct or indirect equity interest in the owner-documented FFI (looking through all entities other than specified U.S. persons);
    - (ii) The name, address, TIN (if any), and chapter 4 status of every individual and specified U.S. person that owns a debt interest in the owner-documented FFI (including any indirect debt interest, which includes debt interests in any entity that directly or indirectly owns the payee or any direct or indirect equity interest in a debt holder of the payee) that constitutes a financial account in excess of \$50,000 (disregarding all such debt interests owned by participating FFIs, registered deemed-compliant FFIs, certified deemed-compliant FFIs, excepted NFFEs, exempt beneficial owners, or U.S. persons other than specified U.S. persons); and
    - (iii) Any additional information the withholding agent requests in order to fulfill its obligations with respect to the entity.
  - Has provided, or will provide, valid documentation meeting the requirements of Regulations section 1.1471-3(d)(6)(iii) for each person identified in the FFI owner reporting statement.
- c** ☐ I certify that the FFI identified in Part I has provided, or will provide, an auditor's letter, signed within 4 years of the date of payment, from an independent accounting firm or legal representative with a location in the United States stating that the firm or representative has reviewed the FFI's documentation with respect to all of its owners and debt holders identified in Regulations section 1.1471-3(d)(6)(iv)(A)(2), and that the FFI meets all the requirements to be an owner-documented FFI. The FFI identified in Part I has also provided, or will provide, an FFI owner reporting statement of its owners that are specified U.S. persons and Form(s) W-9, with applicable waivers.

**Check box 24d if applicable (optional, see instructions).**

- d** ☐ I certify that the entity identified on line 1 is a trust that does not have any contingent beneficiaries or designated classes with unidentified beneficiaries.

**Part XI Restricted Distributor**

- 25a** ☐ (All restricted distributors check here) I certify that the entity identified in Part I:
- Operates as a distributor with respect to debt or equity interests of the restricted fund with respect to which this form is furnished;
  - Provides investment services to at least 30 customers unrelated to each other and less than half of its customers are related to each other;
  - Is required to perform AML due diligence procedures under the anti-money laundering laws of its country of organization (which is an FATF-compliant jurisdiction);
  - Operates solely in its country of incorporation or organization, has no fixed place of business outside of that country, and has the same country of incorporation or organization as all members of its affiliated group, if any;
  - Does not solicit customers outside its country of incorporation or organization;
  - Has no more than \$175 million in total assets under management and no more than \$7 million in gross revenue on its income statement for the most recent accounting year;
  - Is not a member of an expanded affiliated group that has more than \$500 million in total assets under management or more than \$20 million in gross revenue for its most recent accounting year on a combined or consolidated income statement; and
  - Does not distribute any debt or securities of the restricted fund to specified U.S. persons, passive NFFEs with one or more substantial U.S. owners, or nonparticipating FFIs.

**Check box 25b or 25c, whichever applies.**

I further certify that with respect to all sales of debt or equity interests in the restricted fund with respect to which this form is furnished that are made after December 31, 2011, the entity identified in Part I:

- b** ☐ Has been bound by a distribution agreement that contained a general prohibition on the sale of debt or securities to U.S. entities and U.S. resident individuals and is currently bound by a distribution agreement that contains a prohibition of the sale of debt or securities to any specified U.S. person, passive NFFE with one or more substantial U.S. owners, or nonparticipating FFI.
- c** ☐ Is currently bound by a distribution agreement that contains a prohibition on the sale of debt or securities to any specified U.S. person, passive NFFE with one or more substantial U.S. owners, or nonparticipating FFI and, for all sales made prior to the time that such a restriction was included in its distribution agreement, has reviewed all accounts related to such sales in accordance with the procedures identified in Regulations section 1.1471-4(c) applicable to preexisting accounts and has redeemed or retired any, or caused the restricted fund to transfer the securities to a distributor that is a participating FFI or reporting Model 1 FFI securities which were sold to specified U.S. persons, passive NFFEs with one or more substantial U.S. owners, or nonparticipating FFIs.

**Part XII Nonreporting IGA FFI**26 ☐ I certify that the entity identified in Part I:

- Meets the requirements to be considered a nonreporting financial institution pursuant to an applicable IGA between the United States and \_\_\_\_\_ . The applicable IGA is a ☐ Model 1 IGA or a ☐ Model 2 IGA; and is treated as a \_\_\_\_\_ under the provisions of the applicable IGA or Treasury regulations (if applicable, see instructions);
- If you are a trustee documented trust or a sponsored entity, provide the name of the trustee or sponsor \_\_\_\_\_ . The trustee is: ☐ U.S. ☐ Foreign

**Part XIII Foreign Government, Government of a U.S. Possession, or Foreign Central Bank of Issue**27 ☐ I certify that the entity identified in Part I is the beneficial owner of the payment, and is not engaged in commercial financial activities of a type engaged in by an insurance company, custodial institution, or depository institution with respect to the payments, accounts, or obligations for which this form is submitted (except as permitted in Regulations section 1.1471-6(h)(2)).**Part XIV International Organization**

Check box 28a or 28b, whichever applies.

28a ☐ I certify that the entity identified in Part I is an international organization described in section 7701(a)(18).b ☐ I certify that the entity identified in Part I:

- Is comprised primarily of foreign governments;
- Is recognized as an intergovernmental or supranational organization under a foreign law similar to the International Organizations Immunities Act or that has in effect a headquarters agreement with a foreign government;
- The benefit of the entity's income does not inure to any private person; and
- Is the beneficial owner of the payment and is not engaged in commercial financial activities of a type engaged in by an insurance company, custodial institution, or depository institution with respect to the payments, accounts, or obligations for which this form is submitted (except as permitted in Regulations section 1.1471-6(h)(2)).

**Part XV Exempt Retirement Plans**

Check box 29a, b, c, d, e, or f, whichever applies.

29a ☐ I certify that the entity identified in Part I:

- Is established in a country with which the United States has an income tax treaty in force (see Part III if claiming treaty benefits);
- Is operated principally to administer or provide pension or retirement benefits; and
- Is entitled to treaty benefits on income that the fund derives from U.S. sources (or would be entitled to benefits if it derived any such income) as a resident of the other country which satisfies any applicable limitation on benefits requirement.

b ☐ I certify that the entity identified in Part I:

- Is organized for the provision of retirement, disability, or death benefits (or any combination thereof) to beneficiaries that are former employees of one or more employers in consideration for services rendered;
- No single beneficiary has a right to more than 5% of the FFI's assets;
- Is subject to government regulation and provides annual information reporting about its beneficiaries to the relevant tax authorities in the country in which the fund is established or operated; and

(i) Is generally exempt from tax on investment income under the laws of the country in which it is established or operates due to its status as a retirement or pension plan;

(ii) Receives at least 50% of its total contributions from sponsoring employers (disregarding transfers of assets from other plans described in this part, retirement and pension accounts described in an applicable Model 1 or Model 2 IGA, other retirement funds described in an applicable Model 1 or Model 2 IGA, or accounts described in Regulations section 1.1471-5(b)(2)(i)(A));

(iii) Either does not permit or penalizes distributions or withdrawals made before the occurrence of specified events related to retirement, disability, or death (except rollover distributions to accounts described in Regulations section 1.1471-5(b)(2)(i)(A) (referring to retirement and pension accounts), to retirement and pension accounts described in an applicable Model 1 or Model 2 IGA, or to other retirement funds described in this part or in an applicable Model 1 or Model 2 IGA); or

(iv) Limits contributions by employees to the fund by reference to earned income of the employee or may not exceed \$50,000 annually.

c ☐ I certify that the entity identified in Part I:

- Is organized for the provision of retirement, disability, or death benefits (or any combination thereof) to beneficiaries that are former employees of one or more employers in consideration for services rendered;
- Has fewer than 50 participants;
- Is sponsored by one or more employers each of which is not an investment entity or passive NFFE;
- Employee and employer contributions to the fund (disregarding transfers of assets from other plans described in this part, retirement and pension accounts described in an applicable Model 1 or Model 2 IGA, or accounts described in Regulations section 1.1471-5(b)(2)(i)(A)) are limited by reference to earned income and compensation of the employee, respectively;
- Participants that are not residents of the country in which the fund is established or operated are not entitled to more than 20% of the fund's assets; and
- Is subject to government regulation and provides annual information reporting about its beneficiaries to the relevant tax authorities in the country in which the fund is established or operates.

**Part XV Exempt Retirement Plans (continued)**

- d ☐ I certify that the entity identified in Part I is formed pursuant to a pension plan that would meet the requirements of section 401(a), other than the requirement that the plan be funded by a trust created or organized in the United States.
- e ☐ I certify that the entity identified in Part I is established exclusively to earn income for the benefit of one or more retirement funds described in this part or in an applicable Model 1 or Model 2 IGA, or accounts described in Regulations section 1.1471-5(b)(2)(i)(A) (referring to retirement and pension accounts), or retirement and pension accounts described in an applicable Model 1 or Model 2 IGA.
- f ☐ I certify that the entity identified in Part I:
- Is established and sponsored by a foreign government, international organization, central bank of issue, or government of a U.S. possession (each as defined in Regulations section 1.1471-6) or an exempt beneficial owner described in an applicable Model 1 or Model 2 IGA to provide retirement, disability, or death benefits to beneficiaries or participants that are current or former employees of the sponsor (or persons designated by such employees); or
  - Is established and sponsored by a foreign government, international organization, central bank of issue, or government of a U.S. possession (each as defined in Regulations section 1.1471-6) or an exempt beneficial owner described in an applicable Model 1 or Model 2 IGA to provide retirement, disability, or death benefits to beneficiaries or participants that are not current or former employees of such sponsor, but are in consideration of personal services performed for the sponsor.

**Part XVI Entity Wholly Owned by Exempt Beneficial Owners**

- 30 ☐ I certify that the entity identified in Part I:
- Is an FFI solely because it is an investment entity;
  - Each direct holder of an equity interest in the investment entity is an exempt beneficial owner described in Regulations section 1.1471-6 or in an applicable Model 1 or Model 2 IGA;
  - Each direct holder of a debt interest in the investment entity is either a depository institution (with respect to a loan made to such entity) or an exempt beneficial owner described in Regulations section 1.1471-6 or an applicable Model 1 or Model 2 IGA.
  - Has provided an owner reporting statement that contains the name, address, TIN (if any), chapter 4 status, and a description of the type of documentation provided to the withholding agent for every person that owns a debt interest constituting a financial account or direct equity interest in the entity; and
  - Has provided documentation establishing that every owner of the entity is an entity described in Regulations section 1.1471-6(b), (c), (d), (e), (f) and/or (g) without regard to whether such owners are beneficial owners.

**Part XVII Territory Financial Institution**

- 31 ☐ I certify that the entity identified in Part I is a financial institution (other than an investment entity) that is incorporated or organized under the laws of a possession of the United States.

**Part XVIII Excepted Nonfinancial Group Entity**

- 32 ☐ I certify that the entity identified in Part I:
- Is a holding company, treasury center, or captive finance company and substantially all of the entity's activities are functions described in Regulations section 1.1471-5(e)(5)(i)(C) through (E);
  - Is a member of a nonfinancial group described in Regulations section 1.1471-5(e)(5)(i)(B);
  - Is not a depository or custodial institution (other than for members of the entity's expanded affiliated group); and
  - Does not function (or hold itself out) as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes.

**Part XIX Excepted Nonfinancial Start-Up Company**

- 33 ☐ I certify that the entity identified in Part I:
- Was formed on (or, in the case of a new line of business, the date of board resolution approving the new line of business) \_\_\_\_\_ (date must be less than 24 months prior to date of payment);
  - Is not yet operating a business and has no prior operating history or is investing capital in assets with the intent to operate a new line of business other than that of a financial institution or passive NFFE;
  - Is investing capital into assets with the intent to operate a business other than that of a financial institution; and
  - Does not function (or hold itself out) as an investment fund, such as a private equity fund, venture capital fund, leveraged buyout fund, or any investment vehicle whose purpose is to acquire or fund companies and then hold interests in those companies as capital assets for investment purposes.

**Part XX Excepted Nonfinancial Entity in Liquidation or Bankruptcy**

- 34 ☐ I certify that the entity identified in Part I:
- Filed a plan of liquidation, filed a plan of reorganization, or filed for bankruptcy on \_\_\_\_\_;
  - During the past 5 years has not been engaged in business as a financial institution or acted as a passive NFFE;
  - Is either liquidating or emerging from a reorganization or bankruptcy with the intent to continue or recommence operations as a nonfinancial entity; and
  - Has, or will provide, documentary evidence such as a bankruptcy filing or other public documentation that supports its claim if it remains in bankruptcy or liquidation for more than 3 years.

**Part XXI 501(c) Organization**

35 ☐ I certify that the entity identified in Part I is a 501(c) organization that:

- Has been issued a determination letter from the IRS that is currently in effect concluding that the payee is a section 501(c) organization that is dated \_\_\_\_\_; or
- Has provided a copy of an opinion from U.S. counsel certifying that the payee is a section 501(c) organization (without regard to whether the payee is a foreign private foundation).

**Part XXII Nonprofit Organization**

36 ☐ I certify that the entity identified in Part I is a nonprofit organization that meets the following requirements.

- The entity is established and maintained in its country of residence exclusively for religious, charitable, scientific, artistic, cultural or educational purposes;
- The entity is exempt from income tax in its country of residence;
- The entity has no shareholders or members who have a proprietary or beneficial interest in its income or assets;
- Neither the applicable laws of the entity's country of residence nor the entity's formation documents permit any income or assets of the entity to be distributed to, or applied for the benefit of, a private person or noncharitable entity other than pursuant to the conduct of the entity's charitable activities or as payment of reasonable compensation for services rendered or payment representing the fair market value of property which the entity has purchased; and
- The applicable laws of the entity's country of residence or the entity's formation documents require that, upon the entity's liquidation or dissolution, all of its assets be distributed to an entity that is a foreign government, an integral part of a foreign government, a controlled entity of a foreign government, or another organization that is described in this part or escheats to the government of the entity's country of residence or any political subdivision thereof.

**Part XXIII Publicly Traded NFFE or NFFE Affiliate of a Publicly Traded Corporation**

Check box 37a or 37b, whichever applies.

37a ☐ I certify that:

- The entity identified in Part I is a foreign corporation that is not a financial institution; and
- The stock of such corporation is regularly traded on one or more established securities markets, including \_\_\_\_\_ (name one securities exchange upon which the stock is regularly traded).

b ☐ I certify that:

- The entity identified in Part I is a foreign corporation that is not a financial institution;
- The entity identified in Part I is a member of the same expanded affiliated group as an entity the stock of which is regularly traded on an established securities market;
- The name of the entity, the stock of which is regularly traded on an established securities market, is \_\_\_\_\_; and
- The name of the securities market on which the stock is regularly traded is \_\_\_\_\_.

**Part XXIV Excepted Territory NFFE**

38 ☐ I certify that:

- The entity identified in Part I is an entity that is organized in a possession of the United States;
- The entity identified in Part I:
  - (i) Does not accept deposits in the ordinary course of a banking or similar business;
  - (ii) Does not hold, as a substantial portion of its business, financial assets for the account of others; or
  - (iii) Is not an insurance company (or the holding company of an insurance company) that issues or is obligated to make payments with respect to a financial account; and
- All of the owners of the entity identified in Part I are bona fide residents of the possession in which the NFFE is organized or incorporated.

**Part XXV Active NFFE**

39 ☐ I certify that:

- The entity identified in Part I is a foreign entity that is not a financial institution;
- Less than 50% of such entity's gross income for the preceding calendar year is passive income; and
- Less than 50% of the assets held by such entity are assets that produce or are held for the production of passive income (calculated as a weighted average of the percentage of passive assets measured quarterly) (see instructions for the definition of passive income).

**Part XXVI Passive NFFE**

40a ☒ I certify that the entity identified in Part I is a foreign entity that is not a financial institution (other than an investment entity organized in a possession of the United States) and is not certifying its status as a publicly traded NFFE (or affiliate), excepted territory NFFE, active NFFE, direct reporting NFFE, or sponsored direct reporting NFFE.

Check box 40b or 40c, whichever applies.

- b ☒ I further certify that the entity identified in Part I has no substantial U.S. owners (or, if applicable, no controlling U.S. persons); or
- c ☐ I further certify that the entity identified in Part I has provided the name, address, and TIN of each substantial U.S. owner (or, if applicable, controlling U.S. person) of the NFFE in Part XXIX.



Master Account: [REDACTED]

Sub Account (optional):

Merge Case ID (optional):

Account Name:

\*\*\*

Request Topic: Open New Account

Request Subtopic: Organization

\*\*\*

Date and Time stamp: 12/13/2022 11:12:43 AM ET

Submitter Name: Stephen B Owen

Schwab Advisor Center User Name: southst

Submitter Email: [REDACTED]@southstreetadv.com

Firm ID: [REDACTED]

Firm Name: SOUTH STREET ADVISORS LLC

Phone Number: [REDACTED] 9019

Campaign Code: [REDACTED]

\*\*\*

Request Title: Service Request [REDACTED] 9794

Request Description:

Attachment(s) Name:

Attachment 1: 20221213120916.pdf

Attachment 2: Acta.pdf

Attachment 3: Signed W8 BEN.pdf

Service Request Tracking ID: [REDACTED] 9794